CATEGORY: EX.1 EXPEDITIONARY MEDICAL OPERATIONS

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Area EX.1.1 Medical Readiness Planning and Oversight

Element EX.1.1.1 (formerly MRX.2.1.7)

War Reserve Materiel (WRM) Program Management

Evaluation Criteria

- WRM inventories were completed with adjustment documents properly signed, coordinated and approved
  - -- Inventories were conducted IAW time requirements for stored assemblages and for assets returning from deployments and exercises; if not, extension requests were properly coordinated
- Dated and deteriorated items/equipment were properly managed
  - -- Non-Rotatable Dated Item List (MEDLOG) or Detailed Items Report (DMLSS 3.X) was worked promptly and expired items were:
    - --- Posted with new expiration dates when properly extended
    - --- Marked IAW current directives and guidelines
    - --- Removed from the inventory if non-reportable as excess, or could not be extended or used prior to expiration date
    - --- Coordinated with Prime Vendor(s)/third party returns vendors for potential credit
- Timely and accurate allowance standard updates and WRM stock validations were accomplished to verify quality assurance, levels, and balances against on-hand assets
  - -- Quarterly WRM validation lists were reviewed and corrections made as required to stock records (MEDLOG accounts only, WVJ transaction)
  - -- Non-Allowance Source (AS) programs were validated/modified in Nov/Dec of each year
  - -- WRM levels were reviewed and updated one month prior to MTF commander review
  - -- MTF commander reviewed February WRM medical stock status report
  - -- WRM level accuracy was reviewed in the MRDSS Unit Input Module and updates processed to ensure accuracy
- Inspection of warehouses/storage areas and assemblages were conducted and actions were taken to resolve noted deficiencies
  - -- Storage provisions for WRM prevented pilferage, vermin infestation and the deteriorating effects of weather, light, moisture/extreme temperatures
- A WRM purchasing plan was developed in advance of funding allocation to ensure prioritized purchases and maximum increase in capability
- For project items under deferred procurement, the logistics function had a detailed plan to obtain items
  - -- The plan included selected items, sources of supply, and specific procedures for obtaining the items within required timeframes. If special contingency contracts or contingency clauses in routine supply contracts were used, contract expiration dates were included in the plan so renewal action is considered during plan review

-- The plan was coordinated with medical readiness and reviewed by the MTF commander annually

- Detached active duty units' WRM assets were accounted for on the host medical supply account records
  -- Memorandum of agreement was established as needed and medical logistics staff provided input including mission deployment and timeliness requirements
  -- Medical equipment repair support was coordinated between active duty host and supported units
  -- Quality assurance listings and applicable portions of the WRM Medical Stock Status Report (MEDLOG) or Assemblage Status Report (DMLSS 3.X) were forwarded to supported units with WRM tasking
- Continuity folders were established and maintained on all WRM projects, to include information such as Centrally Managed Equipment (CME) due-ins and maintenance, Shelf Life Extension Program messages, etc.
- Quality assurance (QA) data recorded on mobility assets included location, box number, quantity, and expiration dates for all expiration dated items
  -- Full QA data on nonmobility assets was recorded only on expiration dated, deteriorative items and medical equipment
  -- Data on other nonmobility assets included location code and quantity as a minimum
- Timely and accurate allowance standard updates and WRM stock validations were accomplished to verify quality assurance, levels and balances against on-hand assets
- An accurate WRM report was provided for status of resources and training system (SORTS) monthly reporting purposes
- Use of WRM was limited to circumstances outlined in applicable directives
- Loans of WRM assets were properly coordinated and processed
- WRM projects were consistent with the guidance provided by MAJCOM
- MTF commander was briefed quarterly (at minimum) on deferred procurement plans, materiel availability percentages, status of CME and status of funds

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Scoring

4: Criteria met.

3: Minor deficiencies in program management did not adversely impact operational capabilities of deploying forces.

2: Significant deficiencies in the evaluation criteria potentially limited the operational capabilities of deploying forces within designed operational capability (DOC) statement time-phased requirements. For example:

- Inventories were not performed annually as required and allowance standard was not reconciled for currency
- Expiring/expired items were not managed IAW prescribing directives
- Quality control/quality assurance requirements were not routinely performed

1: There was minimal compliance with one or more evaluation criteria. Extensive WRM management deficiencies limited operational capabilities of deploying forces within DOC statement time-phased requirements, or asset condition was not reflected in SORTS and/or not readily deployable.

0: There was noncompliance with multiple evaluation criteria and/or compliance with basic program requirements was not evident. Deficiencies existed to the extent that the program was inadequately managed and precluded or seriously limited the operational capability of deploying forces within DOC statement time-phased requirements.

NA**:** Not scored.

Protocol Administrator Protocol 8 is the pertinent protocol for this element.

Inspector Contact For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty MSC inspector.

Reference(s) AFI 10-201, Chap 5; AFI 10-403, Chap 4; AFI 41-201; AFI 41-209; AFMAN 23-110, Vol 5; WRM Allowance Standards

Element EX.1.1.2 (formerly MRX.1.1.2)

Program Oversight—Medical Readiness Officer (MRO), Noncommissioned Officer (MRNCO), Manager (MRM)

Evaluation Criteria

The MRO, MRNCO and/or MRM:
- Attended the medical readiness planning course IAW AFI 41-106
- Managed the preparation and publication of unit plans that accurately reflected the unit's mission capability and tasks
- Ensured disaster and contingency plans and checklists were relevant, current and reviewed annually by the OPRs
- Ensured unit medical readiness training was developed, conducted, evaluated and documented
- Developed an annual medical readiness training plan and exercise schedule
- Ensured medical readiness decision support system (MRDSS) data was updated monthly and presented to the executive staff on a monthly basis

Scoring

4: Criteria met.

3: Minor deficiencies in oversight of organizational processes, mostly administrative in nature, did not adversely affect overall program outcome. For example:
- Some undocumented coordination of unit plans
- Some training was undocumented

2: Deficiencies existed in monitoring of program elements, resulting in lack of oversight or sporadic follow-up of identified program shortfalls. For example:
- Some MCRP checklists were not reviewed annually
- Some make-up training did not take place (which did not affect SORTS ratings)
- Annual training plan or exercise schedule was not presented to and approved by the MRSF/EMC
- The host medical unit had failed to appropriately consider GSU/OL requirements when developing the unit annual readiness training plan

1: There was minimal compliance with one or more evaluation criteria. Several deficiencies in oversight of key readiness program elements brought unit readiness into question. For example:
- Plans were overdue or were not properly coordinated through several agencies, bringing the validity of plans into question
- Medical readiness staff function or executive management committee tasks were not accomplished
- MRDSS was not updated or routed appropriately

0: There was noncompliance with multiple evaluation criteria and/or compliance with basic program requirements was not evident. Poorly monitored readiness statistics and program elements resulted in questionable deployment or disaster response readiness. For example, extensive deficiencies existed with oversight of the medical readiness program.

NA**:** Not scored.

Protocol Administrator Protocol 7 is the pertinent protocol for this element.

Inspector Contact For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty MSC inspector.

Reference(s) AFI 41-106; AFMS Concept of Operations; WRM Allowance Standards

Element EX.1.1.3 (formerly MRX.1.1.3)

Management of Medical Readiness Plans

Evaluation Criteria

- Medical unit and base plans which included medical unit taskings were current and reviewed annually
  - -- Required changes to base plans were submitted and tracked for inclusion in future revisions
  - -- Interim changes to unit and base plans were appropriately submitted, approved and distributed
- Coordination by affected medical unit sections and base agencies were documented during plans creation or revision
- Civilian agency support outlined in unit plans was formally documented in memorandums of agreement or understanding
- Established agreements with agencies in support of medical unit plans were current, accurately reflected requirements and were reviewed annually
- Current checklists supported the Medical Contingency Response Plan (MCRP) and were distributed appropriately
- The MCRP was formally submitted to MAJCOM for review prior to publication

Scoring

4: Criteria met.

3: Minor deficiencies in oversight of organizational processes, primarily administrative in nature, did not adversely affect overall program outcome. For example:

- Lack of aggressive follow-up on missing coordination from one or two minor units tasked by the plan
- Minor conflicting data within the plan
- There was incomplete documentation of wing or MAJCOM coordination and approval

2: Deficiencies existed which resulted in a lack of or questionable guidance in unit or base plans. For example:

- Memorandums of understanding with civilian agencies or other coordination with units tasked by the plan were not current or available
- There was no documented evidence of wing or MAJCOM coordination
- There were items missing from the plan that could cause confusion during plan implementation and affect mission accomplishment
- No attempt had been made to submit changes to base plans when there were significant changes in medical support capability or scope

1: There was minimal compliance with one or more evaluation criteria. Unit readiness posture was questionable. For example:
- Significant responsibilities, missions and tasks were not included in the MCRP or other plans
- There were multiple items missing from the plan that would cause confusion during plan implementation and could affect mission accomplishment

0: There was noncompliance with multiple evaluation criteria and/or compliance with basic program requirements was not evident. For example:
- Unit plans were severely out of date or did not exist
- Plans detailed crucial medical support that could no longer be provided

NA**:** Not scored.

Protocol Administrator Protocol 7 is the pertinent protocol for this element.

Inspector Contact For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty MSC inspector.

Reference(s) AFI 41-106; AFI 10-212; AFI 10-403; AFI 10-404; AFI 32-4001; AFI 32-4002; AFI 41-201

Element EX.1.1.4 (formerly MRX.2.1.8)

Bioenvironmental Engineering Readiness

Evaluation Criteria

- The nuclear, biological and chemical (NBC) medical defense officer:
  - -- Provided or supervised NBC training for the medical unit
  - -- Worked closely with the Civil Engineer Readiness Flight (CEX) to verify base and medical NBC training provided consistent instruction
  - -- Evaluated NBC aspects of medical planning and effectiveness of training
- Bioenvironmental engineering (BE) assisted CEX with the development of the installation NBC detection plan and performance of NBC surveillance
- Operational testing of chemical agent monitors (owned by the medical unit) was conducted according to applicable directives
- BE (regardless of formal BE NBC team tasking) conducted joint training with CEX at least annually
- BE conducted water vulnerability studies in coordination with the services and civil engineer squadrons
- Procedures were in place for BE to serve as a member of the wing's survival recovery center, NBC cell and NBC reconnaissance teams
- BE annexes to the Medical Contingency Response Plan (MCRP) were consistent with the Base OPLAN 32-1
- BE acted as primary medical focal point on Hazardous Material (HAZMAT) issues*
- BE received appropriate HAZMAT training*
  - -- Initial and annual refresher training were documented appropriately*
- As a member of the disaster control group, BE had procedures in place to do the following at accident or disaster sites: *
  - -- Evaluate health hazards
  - -- Determine protective measures and equipment
- BE checklists were developed for foreseeable accidents and contingencies (e.g., chemical spills, fuel spills and incidents involving advanced composites, natural disasters, radiological, and weapons of mass destruction incidents)*

Note: *Applicable to units with a disaster response requirement.

Scoring

4: Criteria met.

3: Deficiencies were minor, primarily administrative in nature and unlikely to compromise mission support.

2: There was partial compliance. Some, but not all criteria were met. Program outcomes may be adversely affected. For example, the NBC medical defense officer did not perform required duties.

1: Although program procedures were specified, they were not followed. Based on program deficiencies, there is potential for significant mission impact.

0: Compliance with basic program requirements was not evident. Based on program deficiencies, there was a potential for base resources to be placed at risk.

NA**:** Not scored.

Protocol Bioenvironmental Engineer Protocol 2 is the pertinent protocol for this element.

Inspector Contact For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty bioenvironmental engineering inspector.

Reference(s) AFI 41-106; AFMAN 32-4004

Element EX.1.1.5 (formerly MRX.1.1.1)

Status of Resources and Training System (SORTS)/Aerospace Expeditionary Forces Reporting Tool (ART)

Evaluation Criteria

- The unit commander:
  -- Annually reviewed the designed operational capability (DOC) statement
  -- Reviewed data and remarks for quality and assigned overall C-level
- SORTS reporting was accurate and reflected all required elements of the unit DOC statement
- Any elements rated lower than C-1 were properly annotated:
  -- Appropriate reason codes were utilized
  -- All deficient areas included forecasted get-well dates
  -- Extensions to get-well dates were explained
  -- Shortfalls were explained in remarks
- Commander's assessments, when included, sufficiently explained rating adjustments
- ART personnel were appointed and trained IAW wing/group or equivalent direction
- ART OPR was designated by letter or e-mail as directed by the MAJCOM/DRU/FOA for data entry access approval
- Report was accomplished on all UTCs allocated to an AEF, AEW, Lead Mobility Wing or designated Enabler
- Data and remarks adequately and accurately reflected the UTC's capability
- All records were edited as required by AFI 10-244, para 3.8

Scoring

4: Criteria met.

3: There was significant compliance with criteria. Minor reporting or oversight errors, mostly administrative in nature, did not affect the overall accuracy of the report. For example, insufficient explanation of commander rating adjustments.

2: There was partial compliance with one or more evaluation criteria. For example:

- Reporting errors were not correctly explained
- Information in the report was inaccurate or could be misinterpreted and result in erroneous readiness assessments
- Get-well dates were not realistic or not based on available information
- A deficient area was identified, but did not affect the overall rating of the unit

1: There was minimal compliance with one or more evaluation criteria. Reports may not have been complete. For example:

- Inaccurate reporting which incorrectly communicated readiness capabilities
- Insufficient explanations and poor oversight resulted in improper reporting

0: There was noncompliance with multiple evaluation criteria and/or compliance with basic program requirements was not evident. There may have been significant inaccuracies in reports.

NA**:** Not scored.

Protocol Administrator Protocol 7 is the pertinent protocol for this element.

Inspector Contact For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty MSC inspector.

Reference(s) AFI 10-201; AFI 10-244; AFI 41-106; DoDI 1322.24

Area EX.1.2 Deployment Processing

Element EX.1.2.1 (formerly MRX.2.1.6)

Deployment Preventive Medicine Activities

Evaluation Criteria

- At least 95 percent of military members were current with hepatitis A, tetanus and influenza immunizations
- Military members had HIV test/pre-deployment serum sample within previous 12 months & tuberculosis skin test within 24 months of deploying
- Pre- and post-deployment medical processing followed:
  -- Current joint service and theater-specific requirements (defined by joint task force surgeon)
- Military surveillance processes evaluated the effects of deployment on the health of service members
- Wing and tenant personnel were tracked in a manner that would allow individuals to be contacted prior to deployment and upon redeployment
  -- A mechanism was in place to ensure public health is notified of all deploying personnel
  -- Required pre- and post-deployment preventive medicine needs were identified, accomplished and documented (e.g., immunizations, malaria chemoprophylaxis, mental health, medical and dental clearance for worldwide qualification and other follow-up as required by command authorities)
  -- Post-deployment tuberculosis screening was completed between 3 and 12 months of redeployment from high tuberculosis threat areas
- Pre- and post-deployment health screening assessments were documented on DD Form 2795/2796 with the original sent to the designated authority and a copy filed in medical record
- Pre-deployment assessments were completed or re-validated within 30 days of deployment
- The public health office provided support to ARC and IMAs IAW their host-tenant support agreement(s)

Scoring

4: Criteria met.

3: Minor deficiencies identified, primarily administrative in nature. Adverse unit or individual health outcomes are unlikely to occur.

2: There was partial compliance with one or more evaluation criteria. For example:

- Activities only partially supported the installation's mission
- Units or personnel may not have proper preventive medicine requirements accomplished prior to deployment or upon redeployment

- Did not meet the standard for currency of hepatitis A, influenza and tetanus immunizations

1: There was minimal compliance with one or more evaluation criteria. Activities only minimally supported the installation's mission, or there was the potential for units or personnel not to have proper preventive medicine requirements accomplished prior to deployment or upon redeployment.

0: There was noncompliance with multiple evaluation criteria and/or compliance with basic program requirements was not evident. Activities did not support the installation's mission, or there was a high potential for units or personnel not to have proper preventive medicine requirements accomplished prior to deployment or upon redeployment.

NA**:** Not scored.

Protocol

Public Health Protocol 3 is the pertinent protocol for this element.

Inspector Contact

For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty public health inspector.

Reference(s)

Air Force Medical Service Performance Metric Tools (PMT) Technical Outcome Metric #6; AFJI 48-110; AFI 48-101; AFI 10-403; DoDD 6490.2, Joint Medical Surveillance, 30 Aug 97; DoDI 6490.3, Implementation and Application of Joint Medical Surveillance for Deployments, 7 Aug 97; ASD(HA) memorandum, Updated Policy for Pre- and Post-Deployment Health Assessments and Blood Samples, 25 Oct 01; JCS memorandum MCM-0006-02, Updated Procedures for Deployment Health Surveillance and Readiness, 1 Feb 02

Data Collection Tool

The following table contains the information used by inspectors during their deployment support document reviews. This table may be useful for self-evaluation.

DEPLOYMENT PREVENTIVE MEDICINE ACTIVITIES DATA COLLECTION

Record ID					
PHA current (date)					
World-wide qualified note present (date)					
2766c in record (date)					
Appropriate labs & immunizations current (e.g., HIV within 12 mo and TB skin test within 24 mo of deployment)					
Listed in deployment log					
Pre-deployment questionnaire (date)					
BW/CW antidote briefed					
Arrive AOR (date)					
Depart AOR (date)					
Medical debrief (date)					
Post-deployment questionnaire (date)					
Post-exposure malaria prophy					
Post deployment TST (date)					

"+" = PRESENT "-" = NOT PRESENT "NA" = NOT APPLICABLE
Provide dates where applicable

Number Mobility Positions	**Number Current**		
	Hepatitis A:	**Tetanus:**	**Influenza:**

Element EX.1.2.2 (formerly MRX.2.1.4 and MRX.2.1.5)

Deployment/Redeployment Processing Support

Evaluation Criteria

Processes were in place to ensure the deployment capability of the installation's forces, including:

- Capability of recalling a group of medical personnel trained to support installation deployment operations (as designated by the organization)
- Pre-screening for medical/dental/mental health and evaluation of medical eligibility for deployment
- A notification mechanism to advise commanders of personnel deployment limitations associated with worldwide eligibility conditions (medical/dental and mental health conditions)
- A mechanism to distribute and instruct deploying forces on the appropriate use of biological and chemical warfare agent antidotes
- A formal process for post-deployment personnel follow-up detailed:
  -- Return of issued BW/CW items following deployment
  -- AF Form 1480A/DD Form 2766 or other medical documentation turn-in
- Processes were in place to ensure current, area-specific MI information was provided to all deploying personnel
- MI briefings used current medical information from the deployed location for pre- and post-deployment processing
- Deploying personnel and their commanders (both unit type code and notionally tasked) were briefed on illness, injuries and disease to include combat stress, climatic and other environmental health threats (e.g., cold, heat, water, food, vector-borne disease, etc.) and their prevention
- The medical intelligence officer coordinated with line intelligence personnel to prepare the medical threat assessment and ensure medical risks were included in the final threat brief to all deploying personnel
- All after-action reports were completed IAW AFI 41-106
- The public health office provided support to ARC and IMAs IAW their host-tenant support agreement(s)

Scoring

4: Criteria met.

3: There was significant compliance with criteria. Minor deficiencies in process components did not adversely impact operational support to the installation.

2: There was partial compliance with one or more evaluation criteria. For example:

- Functional support was in place; however, activities were not coordinated through the designated unit deployment officer

- Deployment capability of the installation's forces was potentially compromised

1: There was minimal compliance with one or more evaluation criteria. The capability to deploy within designed operational capability (DOC) statement requirements was compromised. For example, there was no proactive, integrated organizational support for installation forces.

0: There was noncompliance with multiple evaluation criteria and/or non-compliance with basic program requirements. There was no evidence of program management and no plan to develop deployment support capability.

NA**:** Not scored.

Protocol Public Health Protocol 3 is the pertinent protocol for this element.

Inspector Contact For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty public health inspector.

Reference(s) AFI 10-403; AFJI 48-110; AFI 48-123; AFI 47-101; AFI 41-106; AFI 48-101; DoDD 6490.2, Joint Medical Surveillance, 30 Aug 97; DoDI 6490.3, Implementation and Application of Joint Medical Surveillance for Deployments, 7 Aug 97; ASD(HA) memorandum, Updated Policy for Pre- and Post-Deployment Health Assessments and Blood Samples, 25 Oct 01; JCS memorandum MCM-0006-02, Updated Procedures for Deployment Health Surveillance and Readiness, 1 Feb 02

Element EX.1.2.3 (formerly MRX.2.1.9)

Quantitative Fit Testing (QNFT) Program

Evaluation Criteria

- Bioenvironmental engineering (BE) established a QNFT program in conjunction with the Civil Engineer Readiness Flight (CEX)
  -- BE oversaw the QNFT program
- Procedures were established to identify/schedule personnel requiring QNFT
  -- BE established a procedure to obtain a list of personnel placed on mobility status from Unit Deployment Managers on a monthly basis
- Training was conducted according to AFI 32-4006, Chap 2
- Individual QNFT results were maintained in the database
- Procedures existed to ensure sufficient mask replacement parts were available
- BE reported percentage complete of total fit-tests required, by unit, to the wing Readiness/Force Protection Council or equivalent
- Procedures were followed if personnel could not attain the minimum target fit factor:
  -- Exhausted all feasible options
  -- Provided written notification to the member's unit commander
- BE provided a consolidated QNFT report to MAJCOM quarterly (e.g., using Command Core)
- BE provided contractor oversight (if applicable)

Scoring

4: Criteria met.

3: There was significant compliance with criteria. Deficiencies were minor, primarily administrative in nature and unlikely to compromise mission support. For example, a consolidated QNFT report was not provided to MAJCOM or all required data were not collected.

2: There was partial compliance. Some, but not all criteria were met. QNFT compliance rate was less than 80 percent. Program outcomes may be adversely affected. For example:

- Training was not conducted in accordance with the AFI
- Personnel were not effectively scheduled for training
- Procedures were not followed if personnel could not attain minimum target fit factor

1: QNFT compliance rate was less than 70 percent. Although a program had been established, procedures were not followed.

0: The medical unit failed to meet the minimum provisions of the element. Based on program deficiencies, the QNFT program was ineffective.

NA**:** Not scored.

Protocol	Bioenvironmental Engineer Protocol 2 is the pertinent protocol for this element.
Inspector Contact	For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty bioenvironmental engineer inspector.
Reference(s)	AFMAN 32-4006; AFMOA/CC memorandum, Gas Mask Quantitative Fit-Test (QNFT) Interim Policy Letter, 3 Jun 02

Element EX.1.2.4 (formerly MRX.2.1.2)

Pre-Deployment Preparation Requirements—Medical Personnel

Evaluation Criteria

- Readiness personnel ensured that those assigned to mobility positions met readiness requirements. Actions included:
  - -- Current and unique immunizations
  - -- ID tags and ID card
  - -- DD Form 93, Record of Emergency Data
  - -- Geneva Convention Card
  - -- Personnel briefed on wills, power of attorney, family care plan and family readiness matters as applicable to the deploying member
  - -- A mechanism to periodically assess personal item preparation (e.g., uniforms, clothing, etc.)
- A systematic process existed for assigning medical personnel to mobility positions
  - -- Personnel assignment was within allowable grade and skill level substitutions
- Staffing shortfall concerns were evaluated and reported to the medical readiness staff function/executive management committee
- Integrated deployment system (IDS) or the AF Form 4005, Individual Deployment Requirements, was used to track personnel preparedness
- Any other requirements as specified in the base deployment plan were adhered to

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Scoring

4: Criteria met.

3: Minor deficiencies in deployment preparations/staffing did not adversely affect overall program outcomes.

2: Deficiencies existed that could have an adverse effect on program outcomes. For example:

- Deployment preparation/staffing processes were reactive
- The potential existed for assignment of personnel who were not adequately prepared to support deployment tasks
- Personnel were not advised on recommended personal items or mobility arrangements

1: There was minimal compliance with one or more evaluation criteria. Significant deficiencies in deployment preparedness/staffing compromised key deployment components. For example:

- Personnel shortfalls existed for several months without MRSF/EMC involvement
- Unqualified personnel were assigned to mobility positions

- Mobility folders indicated a pattern of missing or outdated items required by personnel on mobility

0: There was noncompliance with multiple evaluation criteria and/or compliance with basic program requirements was not evident. There was significant potential for the unit's wartime mission capability to be degraded. Extensive deficiencies existed in deployment preparedness and staffing.

NA**:** Not scored.

Protocol Administrator Protocol 7 is the pertinent protocol for this element.

Inspector Contact For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty MSC inspector.

Reference(s) AFI 10-201, Chap 4; AFI 10-403; AFI 41-106

Area EX.1.3 Force Fitness

Element EX.1.3.1 (formerly OPS.8.2.2)

Dental Readiness Classifications

Evaluation Criteria

- The base AFDRAP participation rates for the past 12 months were accurately derived
- Air Force members were correctly placed in dental readiness classification 1, 2, 3, or 4, as described in ASD(HA) memorandum, Policy on Standardization of Oral Health and Readiness Classifications, 4 Jun 02
- Patients in dental readiness classifications 3 and 4 were identified, closely monitored and provided expedited care and/or examinations
- A mechanism existed (e.g., AF Form 422, Physical Profile Serial Report), to notify unit commanders when their personnel had disqualifying defects that could not be corrected within 60 days, or prior to member's expected departure for remote or isolated duties in either PCS or extended TDY status
- Dental services were integrated into readiness (pre-deployment, mobility) processes
- Evidence existed that laboratory cases for dental readiness classification 3 patients were expedited if the prostheses were required for deployment or other mission essential duties

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Scoring

4: Criteria met.

3: Deficiencies were minor, primarily administrative in nature, and unlikely to compromise either mission support or patient care. Periodic examination participation was, on average, below 92 percent for the past 12 months.

2: Significant deficiencies existed. Dental readiness classification 3 and 4 patients were not routinely identified, monitored or provided expedited care. Some patients were not placed in the appropriate dental readiness classifications. Unit commanders were not routinely notified of members with disqualifying dental defects. Periodic examination participation was, on average, below 90 percent for the past 12 months.

1: Few criteria met and adverse mission impact was likely to occur. Dental readiness classification 3 and 4 patients were rarely identified, monitored, or provided expedited care. Numerous dental classification errors existed. Notification to unit commanders of members with disqualifying defects rarely occurred. Periodic examination participation was, on average, below 85 percent for the past 12 months.

0: Criteria not met. Dental readiness classification 3 and 4 patients were not identified, monitored or provided expedited care. Dental classifications were not accurate. Dental services were not integrated into wing or base readiness programs. Unit commanders were not notified of members with disqualifying dental defects. Periodic examination participation was less than 80 percent during the past 12 months.

NA: Not scored.

Protocol

Dental Protocol 3 is the pertinent protocol for this element.

Inspector Contact

For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty dental inspector.

Reference(s)

AFI 48-123; ASD(HA) memorandum, Policy on Standardization of Oral Health and Readiness Classifications, 4 Jun 02

Element EX.1.3.2 (formerly OPS.1.3.3 and OPS.1.3.4)

Profiling, Duty Restriction and Medical Evaluation Board (MEB) Management

Evaluation Criteria

- Personnel with medical conditions involving duty or assignment restrictions were appropriately profiled
- Profiles were generated expediently (suggested guideline – final copy filed in member's medical record within five duty days)
- Temporary duty restriction profiles reflected the physical impairments with appropriate release dates and reasonable restrictions
- Medical personnel screened wing members for specific mobility taskings
  -- AF Forms 422 for individuals not medically qualified for mobility were appropriately annotated for both medical and/or dental limitations
- 4T profiles were revalidated monthly with the review documented on the assignment availability roster or in individual medical records, as determined by local policy
- Unit commanders and deployment managers were promptly notified of a member's duty restriction affecting deployability
- Procedures were in place to effectively manage the MEB program
- Program objectives were monitored to measure performance
- All providers received initial and recurring training on the MEB process and physical standards
- MEB notification was timely and conformed to patient sensitivity tenets
- Patient information and counseling services ensured patients understood the MEB process
- Members were referred for an MEB within 30 days of definitive diagnosis of a disqualifying condition
- A local board reviewed each case within 30 days of completion of the narrative summary

Scoring

4: Criteria met.

3: Deficiencies were minor, primarily administrative in nature, and unlikely to compromise either mission support or patient care. Minor program gaps existed which could impact timely resolution of MEBs.

2: Some, but not all criteria met. For example:

- One or more individuals with medical conditions causing duty limitations were not appropriately profiled
- The monthly 4T profile review was not consistently performed
- Program deficiencies increased the time needed to resolve an MEB

1: Adverse mission impact, including personnel nonavailability due to unnecessary work restrictions, was likely to occur. For example, five or more individuals with medical conditions causing duty limitations were not appropriately profiled. Multiple MEB cases exceeded timeliness standards without documentation of causative factors.

0: The medical unit failed to meet the minimum provisions of the element. Adverse mission impact, including personnel nonavailability due to unnecessary work restrictions, occurred. For example, 10 or more individuals with medical conditions causing duty limitations were not appropriately profiled.

NA**:** Not scored.

Protocol Flight Surgeon Protocol 1 is the pertinent protocol for this element.

Inspector Contact For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty physician (flight surgeon) inspector.

Reference(s) AFI 48-123; DoDD 5154.25; HQ USAF/SG memorandum, Guidelines for the Implementation of Preventive Health Assessment and Individual Medical Readiness (PIMR) at Air Force Medical Treatment Facilities, 28 Dec 01

Suggested Tracking Tool The table below may be a useful tracking tool.

MEB Completion Times				
Record ID				
Date AF Form 570 completed				
Date narrative summary completed				
Date of local medical board				
Date package forwarded for determination				
Total elapsed time				

Element EX.1.3.3 (formerly OPS.5.3.1 and OPS.5.3.2)

Preventive Health Assessment (PHA) and Individual Medical Readiness (PIMR) Program Management

Evaluation Criteria

- All examinations were performed IAW regulatory guidance and documented appropriately
- PCM teams completed the annual PHA, including the following:
  - -- Reviewed and accomplished all IMR requirements
  - -- Reviewed health history, medical record and health risk assessment (HEAR or PIMR generated HRA)
  - -- Identified, scheduled and accomplished recommended Clinical Preventive Services (CPS) items
  - -- Reviewed and conducted required occupational health examinations
- Protocols were appropriate for support staff to report test results and order clinical exams or preventive services
  - -- Members were notified of outstanding IMR/occupational exam requirements and recommended CPS services
  - -- CPS services were accomplished at the recommended frequency
- Member's refusal to accomplish recommended CPS items was documented in the medical record
- The AF Form 1480A/DD Form 2766 was updated during the PHA
- Examinees received all clinical test results in a timely fashion (suggested guideline – 14 days from point of testing, or other reasonable locally designated guideline)
  - -- PIMR statistics on the P2R2 website were tracked monthly
  - -- The overall IMR rate was greater than 65 percent
  - -- Composite rates (dental, immunizations, labs and health records review [HRR]) were each greater than 90 percent
- Individual unit and overall installation compliance rates were reported to the medical unit commander and other installation commanders, as appropriate
- Persistent problems with compliance were elevated through the medical chain-of-command for assistance and appropriate supporting action

Scoring

4: Criteria met.

3: Deficiencies were minor, primarily administrative in nature, and unlikely to compromise preventive efforts. The overall IMR rate was 60-65 percent. Individual composite rates were between 80-89 percent.

2: Some, but not all criteria met. Health and readiness may be adversely affected. The overall IMR rate was 50-59 percent. Individual composite rates were between 70-79 percent. For example:

- Required MEB action did not occur for at least one examinee

- IMR and occupational requirements were not accomplished
- Exams were deficient in one or more of the following areas:
  - Significant responses on the HEAR/HRA went unaddressed
  - Required testing was not accomplished

1: Adverse mission impact was highly likely to occur. The overall IMR rate was 40-49 percent. Individual composite rates were between 60-69 percent. For example, several exams were deficient in one or more of the following areas:
- Significant test results or findings were not acknowledged in five or more records
- Required testing was not accomplished in five or more records

0: The medical unit failed to meet the minimum provisions of the element. The overall IMR rate was less than 40 percent. Individual composite rates were less than 60 percent. For example:
- Required MEB action was not accomplished for two or more examinees
- More than 10 exams were deficient in one or more of the following areas:
  - Significant responses on the HEAR/HRA went unaddressed
  - Significant test results or findings were not acknowledged
  - Required testing was not accomplished

NA**:** Not scored.

Protocol

Flight Surgeon Protocol 2 and Nurse Protocol 1 are the pertinent protocols for this element.

Inspector Contact

For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty physician (flight surgeon) inspector.

Reference(s)

AFI 48-101; AFI 48-123; AFPAM 44-155; HQ USAF/SG memorandum, Guidelines for the Implementation of Preventive Health Assessment and Individual Medical Readiness (PIMR) at Air Force Medical Treatment Facilities, 28 Dec 01

Element EX.1.3.4 (formerly OPS.6.2.4 and OPS.6.2.5)

Fitness Assessment and Total Fitness Enhancement

Evaluation Criteria

- The health promotion working group and the health promotion manager, using a team approach among services personnel, actively encouraged base-wide participation in a variety of fitness enhancement programs
- The medical unit commander appointed a medical provider to act as medical liaison and advisor for the installation fitness program (as outlined in AFI 40-501, Air Force Fitness Program)
- The health and wellness center staff/health promotion manager collaborated with the fitness center director to provide marketing, fitness testing, weight/body fat management program staffing and equipment procurement
- All installation newcomers received a health and wellness center orientation
- A fitness program manager (FPM) was available to provide oversight and consultation to members and commanders
- **The Fitness Program Manager (FPM):**
  - -- Was a qualified fitness professional (as described in the core personnel document) and certified health fitness instructor
  - -- Maintained a current fitness database for the installation
  - -- Developed an annual installation fitness assessment schedule based on proposed unit deployment schedules to ensure all units had adequate amounts of time to accomplish testing by the end of the year
  - -- Ensured members of waived GSUs, within their responsibility for testing and reporting, were entered into the fitness database as waived
  - -- Counseled individuals exempted from fitness assessments
  - -- Assisted members in development of a conditioning program; developed fitness improvement programs for members not meeting standards
  - -- Provided initial fitness counseling/ensured monitoring for all members enrolled in the Monitored Fitness Improvement Program (MFIP)
  - -- Provided professional consultation and training to fitness center personnel, as requested by the fitness center director
  - -- Assisted active duty members in developing individual fitness training regimens
  - -- Coordinated with the installation service commander to provide safe and effective aerobic fitness improvement exercise classes
  - -- Notified wing, group and unit commanders of cycle ergometry compliance on a continuous basis over the past 12 months
- **The Health Promotion Manager (HPM):**
  - -- Provided oversight for the administration of commander-directed body fat measurements in the HAWC and the execution of the exercise and dietary education portions of the Weight and Body Fat Management Program (WBFMP) for the base populace
  - -- Ensured appropriate staff was trained/available to conduct official body fat measurements for any member so directed by their unit commander

-- Ensured flexible times were available and scheduled for taking official body fat measurements; worked continuously with the unit commander and unit WBFMP
-- Ensured proper annotation of body fat measurements on AF Form 108, Weight and Body Fat Processing
-- Ensured all services augmentees were properly trained on body fat measurement procedures
-- Established an exercise and dietary education program at the HAWC

Scoring

4: Criteria met.

3: Deficiencies were minor, primarily administrative in nature and unlikely to compromise the fitness program goals and objectives.

2: Although the basic mission was accomplished, there was minimal compliance with AFI 40-501. Planning, training, implementation, tracking, reporting requirements and/or collaboration with active duty base community were inconsistent. There was potential for negative impact on the fitness program.

1: There was noncompliance with AFI 40-501, and/or the program failed to support basic mission requirements. For example:
- There was not a qualified fitness professional (as described in the core personnel document) and certified health fitness instructor to manage the Fitness program
- Planning, training, implementation, tracking, reporting requirements and/or collaboration with active duty base community were significantly deficient

0: There was no evidence of a fitness program.

NA: Not Scored.

Inspector Contact

For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty nurse inspector.

Protocol

Nurse Protocol 3 is the pertinent protocol for this element.

Reference(s)

AFPD 40-1; AFPD 40-5; AFI 40-101; AFI 40-501; IC 2002-1 to AFI 40-501; HQ USAF/CC memorandum, Improved Air Force Fitness, 19 Dec 95; HQ USAF/SG memorandum, Improved Air Force Fitness, 22 Dec 95; USAF/CV memorandum, Health and Wellness Center and Fitness Center Collaboration, 12 Apr 99

Element EX.1.3.5 (formerly MRX.2.2.2)

Critical Incident Stress Management (CISM)

Evaluation Criteria

- A multidisciplinary CISM team had been established IAW AFI 44-153, Critical Incident Stress Management
- Installation commander appointed a CISM team chief
- Team chief established an activation plan
- CISM team members received initial training IAW AFI 44-153
- The unit maintained a roster of trained peer support volunteers
- Training, exercises and real world experience were documented
- A pre-exposure preparation training plan was in place for implementation when necessary (for those likely to be exposed to traumatic events, such as body recovery details)

Scoring

4: Criteria met.

3: Deficiencies were minor, primarily administrative in nature, and unlikely to compromise mission support.

2: Some, but not all criteria met. Program outcomes may be adversely affected.

1: Few criteria met. Adverse mission impact was expected to occur. It appeared that the Life Skills Support Center took little responsibility for this program.

0: The medical unit failed to meet the minimum provisions of the element. Adverse mission or program impact occurred or was highly likely to occur.

NA**:** Not scored.

Protocol

Behavioral Health Protocol 1 is the pertinent protocol for this element.

Inspector Contact

For assistance interpreting this element, please call DSN 246-2482/2566 and request an active duty behavioral health inspector.

Reference(s)

AFI 44-153

Element EX.1.3.6 (formerly MRX.2.1.3)

Medical Record Summary Forms

Evaluation Criteria

The medical records of military personnel contained all of the following on the DD Form 2766/AF Form 1480A:

- Significant chronic illnesses and conditions
- All hospitalizations and surgeries with dates
- Long-term medications (suggested guideline – greater than 90 days continuous use or frequent recurrent needs) including dosage, frequency and purpose
- Immunization dates, manufacturer and lot numbers (lot numbers may be listed in separate SF 600 entries or the AF Form 1480B/DD Form 2766C may be used to document all immunization data)
- Current profile
- Current readiness related information was present:
  - -- DNA, G6PD, hemoglobin S, blood type, HIV
  - -- Deployment history (matched to related SF 600 entries or predeployment questionnaire dates), optometry prescription and date of most recent periodic exam
- Medical records on flyers and special operational personnel (SOP) included all of the above plus the following:
  - -- Expiration date for any existing waivers
  - -- Participation in the aircrew soft contact lens program and date of last optometry evaluation
  - -- Documentation of any drug pre-testing, including the date accomplished
- The summary form was promptly updated (same visit) to reflect new diagnoses and/or treatments

Scoring

4: Criteria met.

3: Criteria met in less than 90 percent of the medical records reviewed. There was inconsistent documentation in significant areas.

2: Criteria met in less than 80 percent of the medical records reviewed. Partial compliance with the standards was noted, but inaccurate or incomplete documentation could negatively impact mission accomplishment or potentially place members at increased risk during deployments.

1: Criteria met in less than 70 percent of the medical records reviewed. There was significant potential for missed essential information and likely negative mission impact due to incorrect medical determinations of worldwide qualification.

0: Less than 60 percent of the medical records reviewed met criteria. Many of the forms would be of no value in a deployed situation and the potential for mission impairment, such as incorrect determinations of worldwide qualification or increased risk for avoidable individual morbidity, was significant.

NA**:** Not scored.

Protocol

There is no protocol or separate interview for this element. Scoring is determined from information gathered during review of medical records.

Inspector Contact

For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty physician (flight surgeon) inspector.

Reference(s)

AFI 48-101; AFI 48-123; AFI 41-210; AFPAM 44-155

Area EX.1.4 Medical Readiness Training

Element EX.1.4.1 (formerly MRX.1.2.1)

Exercise Requirements, Development and Evaluation

Evaluation Criteria

- Exercise requirements were met in accordance with Air Force instructions and policy
- Exercise scenarios were realistic and exercise reports assessed effectiveness and adequacy of planning guidance, training programs and operational responses
  -- Scenarios promoted AFSC competency and UTC/disaster team training accomplishments
- Post-exercise or incident critiques were held to provide cross-feed among participants, identify problems not annotated by base EET, identify training deficiencies, and modify existing plans and training programs where necessary
- Post-exercise or incident summaries contained comprehensive, consolidated input from team chiefs, exercise evaluation team members and other observers, and was used to brief the MRSF
- Identified areas of concern were briefed to the MRSF, and OPRs were assigned to develop corrective action plans with estimated completion dates

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Scoring

4: Criteria met.

3: Exercises and post-exercise or incident summaries were accomplished, but AFSC-specific training objectives were not included in the planning or execution.

2: Post-exercise or incident summaries were completed but not used by the organization.

1: Exercises were accomplished, but post-exercise or incident summaries were not, or significant deficiencies in meeting exercise requirements compromised key components of contingency response.

0: Exercise requirements were not accomplished IAW AFI 41-106. The overall readiness of the unit was compromised and response capability significantly degraded.

NA**:** Not scored.

Protocol

Administrator Protocol 7 is the pertinent protocol for this element.

Inspector Contact	For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty MSC inspector.
Reference(s)	AFI 10-212; AFI 10-403; AFI 32-4001, Chap 5; AFI 41-106; AFI 44-105; organization's DOC statement; Concept of Operations and mission statements

Element EX.1.4.2 (formerly HCS.2.3.5)

Independent Duty Medical Technician (IDMT) Program

Evaluation Criteria

- The medical treatment facility (MTF)/host MTF (HMTF) commander:
  - -- Appointed an IDMT program monitor to manage the support program and monitor training/certification of all assigned IDMTs
  - -- Designated in writing a physician and dental officer as preceptors for IDMTs assigned to the MTF and those assigned to mobile medical units (MMU)/remote sites
  - -- Ensured that MTF provider orientation included familiarization with IDMT duties and scope of practice
  - -- Coordinated a host MTF support plan with each remote site/MMU and forwarded it to the command surgeon's office for approval
- Host MTF training affiliation agreements supported Air National Guard IDMT positions and were validated through ANG headquarters
- Assigned or supported IDMTs were certified by the chief of medical staff, based on preceptor recommendation to treat medical/dental disorders
- Staff assistance visits to MMUs/remote sites were conducted in accordance with MAJCOM/SG policy and HMTF support requirements
  - -- Appropriate in-services were conducted and documented
- Assigned or supported IDMTs received initial orientation/certification, quarterly ongoing IDMT refresher training (facility IDMTs), annual refresher training/certification and biennial national registry of emergency medical technicians (NREMT) re-registration
  - -- Qualified personnel conducted training
- When assigned to an MMU and not deployed or conducting unit specific training, the IDMT performed duties in the HMTF to practice and refine IDMT skills
- The host MTF pharmacy and therapeutics committee approved an authorized drug list for each IDMT and/or remote site/MMU
- Documentation existed to support preceptor oversight of the dispensing and administration of controlled medications at remote sites or MMU which included at least the following:
  - -- Dispensed under the direction of a physician
  - -- Documented in individual's health record
  - -- Dispensed by prescription that is countersigned by patient
  - -- Inventoried monthly and biennially on 1 May in odd years

Scoring

4: Criteria met.

3: Criteria met with minor discrepancies that were primarily administrative in nature.

2: There was partial compliance with one or more evaluation criteria. Significant deficiencies were noted in implementation of program. Discrepancy could result in a possible deficiency or compromise of clinical skills and medical knowledge. For example:

- Procedures and policies were in place but not followed
- Documentation to support processes in some areas was lacking or was not being accomplished
- Quarterly clinical training was not done or documented

1: There was minimal compliance with criteria. For example:

- Biennial controlled medication inventory was not accomplished as directed
- Annual training was not being accomplished or appropriately documented
- IDMT resources were ineffectively managed

0: The unit failed to meet criteria. There were significant deviations from standard practice. For example:

- Training requirements were not met
- There was a likelihood of compromised patient care by inadequately trained IDMT personnel

NA: Not scored.

Protocol

Senior Enlisted Protocol 5 is the pertinent protocol for this element.

Inspector Contact

For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty senior enlisted inspector.

Reference(s)

AFI 44-103

Element EX.1.4.3 (formerly MRX.3.2.2)

Peacetime Disaster Team Training

Evaluation Criteria

- The organization had formalized programs to train contingency response teams/groups
- Training was consistent with the installation's and organization's contingency support missions, plans and concept of operations
- Team training schedules, lesson plans, and training documentation were submitted to the medical readiness office by the disaster team chiefs
- A mechanism was in place to train personnel who were absent or excused from scheduled training
- Team checklists were readily available to team members and augmentees

Scoring

4: Criteria met.

3: Deficiencies were minor, primarily administrative in nature, and unlikely to degrade response capabilities. For example, training was accomplished but some documentation was missing.

2: There was only partial compliance with one or more evaluation criteria. For example:

- Lesson plans existed but were inadequate or outdated
- The majority of personnel were trained, but make-up training was not consistently done for individuals who were absent or missed scheduled training
- Team training documentation was inadequate

1: There was minimal compliance with one or more evaluation criteria and the potential existed for degraded response capabilities. Training programs were not adequate to train personnel to support mission tasks and mission accomplishment was potentially compromised. For example:

- Lesson plans were missing or invalid
- No make-up training was conducted and the majority of team members were untrained

0: There was noncompliance with multiple evaluation criteria and/or compliance with basic program requirements was not evident. Personnel were not adequately trained to support missions/tasks. For example, formalized training programs were not in place.

NA**:** Not scored.

Protocol	Administrator Protocol 7 is the pertinent protocol for this element.
Inspector Contact	For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty MSC inspector.
Reference(s)	AFI 32-4001; AFI 32-4002, Chap 3; AFI 41-106

Element EX.1.4.4 (formerly MRX.2.1.1)

Self-Aid and Buddy Care (SABC) Program

Evaluation Criteria

The SABC Advisor accomplished the following:

- Scheduled and conducted SABC instructor training for all units for which the MTF had responsibility
- Evaluated unit SABC programs annually and verified that instructors taught at least two courses per year to maintain certification
- Validated the quality of training at the unit level
- Provided certification letters to unit commanders for each person successfully completing the SABC instructor training program

Scoring

4: Criteria met.

3: Minor deficiencies, mostly administrative in nature, did not affect overall program management. For example:

- Some undocumented annual evaluations or validations of quality of SABC training at unit level
- Letters of certification for completion of instructor training were not always sent to unit commanders

2: Program deficiencies existed to the extent that program objectives were potentially compromised. For example:

- Evaluations of SABC programs were not accomplished annually
- Validation of the quality of training at unit level was not adequate

1: There was significant noncompliance with one or more evaluation criteria. Extensive deficiencies in program management compromised training levels and training proficiency at the unit level. Deficiencies degraded overall preparedness. For example:

- There was no annual evaluation of SABC programs
- Unit SABC instructors had not been appointed or trained, which led to low percentages of trained unit personnel
- There was no validation of the quality of training at the unit level
- Available courses were insufficient to enable prompt training and certification of newly appointed instructors

0: There was noncompliance with standards. The medical unit failed to meet the minimum requirements of AFI 36-2238. Deficiencies were likely to lead to unnecessary casualties if SABC was needed in a contingency situation. For example:

- Extensive deficiencies in criteria existed to the extent that program objectives were compromised

- Program oversight was severely lacking and resulted in many units having no SABC training program

NA**:** Not scored.

Protocol Administrator Protocol 7 is the pertinent protocol for this element.

Inspector Contact For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty MSC inspector.

Reference(s) AFI 36-2238; AFI 32-4001; AFI 41-106

Element EX.1.4.5 (formerly MRX.3.1.1, MRX.3.1.2, MRX.3.2.1)

Measurable Training Requirements

Evaluation Criteria

The organization's measurable training requirements included those identified in AFI 41-106, Medical Readiness Planning and Training:

- Lesson plans were tailored to the unit's mission(s)
- A process existed to ensure personnel newly assigned to mobility UTCs completed medical training requirements within six months of being assigned to a unit
- Training was provided to sufficient numbers of personnel to maintain a mission-ready status
- A mechanism was in place to train personnel who were absent and/or excused from scheduled training
- Medical personnel identified to deploy were trained to accomplish applicable tasks IAW AFI 10-403 and local requirements. Minimum requirements included:
  - -- AFI 51-401, Reporting to Ensure Compliance with the Law of Armed Conflict
  - -- Personal and family readiness briefings
  - -- Force protection familiarization training IAW AFI 31-210
  - -- Self-aid and buddy care training IAW AFI 36-2238
  - -- Explosive ordnance recognition (EOR) training IAW AFI 32-4001
  - -- Small arms training IAW 31-207
  - -- Nuclear-biological chemical defense training (NBCDT)
  - -- Any other locally required training
- Deployable personnel exercised with WRM equipment and materiel (also includes WRM for squadron medical element unit type code assignments)
- Training programs were realistic and enabled UTC personnel to evaluate the usefulness and serviceability of items found in the assemblages
- Any limiting factors and/or shortfalls were formally identified to the medical readiness staff function/executive management committee
- Organizations not in possession of WRM assets attempted to arrange hands-on training opportunities for deployable personnel

Scoring

4: Criteria met.

3: Deficiencies were minor, primarily administrative in nature, and unlikely to degrade training levels or capability to meet SORTS requirements.

2: There was partial compliance with one or more evaluation criteria. For example:

- Measurable training requirements were not consistently accomplished
- Personnel were not trained to accomplish all contingency taskings

1: There was minimal compliance with one or more evaluation criteria. Significant deficiencies in training programs degraded training overall, or programs were potentially inadequate to support the organization's contingency taskings.

0: There was noncompliance with evaluation criteria. The unit's ability to respond to contingencies was adversely affected. For example:

- Training programs were nonexistent or not relevant to the organization's mission/taskings
- Quality of training and availability of training resources were limited or nonexistent

NA**:** Not scored.

Protocol Administrator Protocol 7 is the pertinent protocol for this element.

Inspector Contact For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty MSC inspector.

Reference(s) AFI 41-106, Chap 5; AFI 10-201

Element EX.1.4.6 (formerly MRX.3.2.3)

Air Force Specialty Code (AFSC) Specific Training

Evaluation Criteria

- AFSC specific training identified in the Readiness Skills Verification Program (RSVP) was accomplished and documented in training records
- All AFSCs (officer and enlisted) assigned to deployable UTCs were identified
- Required AFSC specific training was accomplished and documented in training records
  - -- AF Form 1098 or equivalent was utilized to document individual training achievements
  - -- Continuity folder for each deployable UTC AFSC was maintained
- A mechanism was in place to train deployable personnel who were absent or excused from scheduled training
- The commander formally appointed a functional training manager as OPR for each deployable AFSC
  - -- The appointed managers carried out their responsibilities as identified in AFI 41-106
- MTFs forwarded RSVP training issues to MAJCOMs using established medical readiness staff function protocols

Scoring

4: Criteria met.

3: Minor deficiencies existed but did not degrade response capabilities. For example, training was accomplished but some documentation missing.

2: There was only partial compliance with one or more evaluation criteria. For example:

- The majority of personnel were trained, but make-up training was not consistently done for individuals that missed scheduled training
- Training documentation was inadequate

1: There was minimal compliance with one or more evaluation criteria, causing potential degradation of response capability. Training programs were not adequate to train personnel to support mission/tasks and mission capability was potentially compromised. For example, no make-up training was conducted, resulting in a significant number of untrained team members.

0: There was noncompliance with multiple evaluation criteria and/or compliance with basic program requirements was not evident. Personnel were not adequately trained to support missions and taskings and/or formalized training programs were not in place.

	NA**:** Not scored.
Protocol	Administrator Protocol 7 is the pertinent protocol for this element.
Inspector Contact	For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty MSC inspector.
Reference(s)	AFI 41-106; AFI 44-119; HQ USAF/SGXT RSV Program training database; CFETPs

Area EX.1.5 Flight Medicine Management

Element EX.1.5.1 (formerly OPS.1.1.4)

Flying/Special Operational Duty Physicals

Evaluation Criteria

- Annual preventive health assessments; initial flying classes I, IA, II, III; initial and renewal flying waivers; and other flying or special operations examinations were conducted and documented on the appropriate form (SF 600 PIMR overprint, SF 88, SF 93, AF Form 1042, etc.)
- A process existed to track timely completion of initial flying/special operational duty physicals (suggested guideline - less than 15 days for uncomplicated exams) or as designated by the medical unit
- Abnormal findings, labs, studies and consults were followed until the evaluation was complete
- Age/gender appropriate screening exams occurred with physicals
- Members were notified of the results of all labs and other studies performed during annual assessments (not applicable for initial flying class 1 or 1A exams)
- Cycloplegic exams were appropriately documented
  - -- The name of the agent, times of drop instillation and time of refraction were noted on the correct form
  - -- A signed advisory/consent letter was in the medical record
  - -- Evidence of radial keratotomy or other corneal refractive surgery was documented during cycloplegic exam
- A flight surgeon completed the professional portion of the exam
- Medical/behavioral risk factors were documented, appropriately referred and followed up
- If the physical had expired, the individual was placed in duties not to include flying status
- Waiver renewal physicals:
  - -- A process existed for administrative management of waivers (e.g., waivers were completed prior to expiration and were forwarded to the appropriate approval authority)
  - -- Flight surgeons identified interim follow-up requirements and documented requirements in AIMWITS and/or AF Form 1485/DD 2005
  - -- Interim follow-up requirements conformed with accepted clinical practice (e.g., periodic blood pressure checks and lab tests for hypertensive fliers) and were consistent for similar cases
  - -- Documentation showed interim follow-up results were reviewed by a flight surgeon and provided to the member
- A process was in place to regularly audit performance in all aspects of the flying/special operations physical exam program

Scoring

4: Criteria met.

3: Deficiencies were minor, primarily administrative in nature, and unlikely to compromise either mission support or patient care.

2: Some, but not all criteria met. Program outcomes may be adversely affected. Examples:
- Examinations were incomplete and failed to ensure the individual was medically qualified for flying
- Abnormal findings or lab results were not appropriately addressed
- Interim follow-up requirements were missed in some waiver cases

1: There was noncompliance with standards. Adverse mission impact, such as unrecognized disease recurrence with subsequent impaired mission accomplishment or personal/flight safety concerns, was likely to occur. For example:
- Significant abnormal findings or lab results were not appropriately addressed
- A required waiver was not accomplished

0: The medical unit failed to meet the minimum provisions of the element. Adverse mission impact, such as unrecognized disease recurrence with subsequent impaired mission accomplishment or personal/flight safety concerns, was highly likely to occur. For example:
- Interim follow-up requirements were missed in a significant number of waiver cases

NA**:** Not scored.

Protocol

Flight Surgeon Protocol 1 is the pertinent protocol for this element.

Inspector Contact

For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty physician (flight surgeon) inspector.

Reference(s)

AFI 48-101; AFI 48-123; AFI 44-119; HQ AFMOA/CC memorandum, Cycloplegic Refractions, 6 Apr 90

Element EX.1.5.2 (formerly OPS.1.1.1 and OPS.1.1.2)

Management of Duty Restrictions for Flying and Special Operations Personnel

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Evaluation Criteria

- Documentation showed a mechanism existed to notify the member's squadron daily of any change in the aeromedical status of fliers/special ops personnel
- A forum existed for the weekly review of AF Form 1041, Medical Recommendation for Flying or Special Operational Duty Log
  -- Forum membership consisted of the Chief, Aeromedical Services, NCOIC of Flight Medicine, all available flight surgeons and the waiver technician
  -- This review was consistently documented on the AF Form 1041
  -- Grounding management data was used to ensure continuity of care and appropriate case (disease) management
- A process existed to ensure flight surgeon review of all medical care received by flyers and special operational personnel (SOP) (to include air traffic controllers, pararescue, missileers, space operations, special forces jump personnel, etc.) outside the flight surgeon office. This review and an aeromedical disposition were documented appropriately in the medical record
- A process was in place to identify flyers/SOP seen in other clinics and those seen without a referral (e.g., ER, mental health, dental, civilian visits)
- A process was in place to ensure specialty referral documentation was received in a timely fashion (recommended 72 hours)
- Performance was regularly monitored and discussed at an appropriate forum (e.g., flight surgeon staff meetings)

Scoring

4: Criteria met.

3: Deficiencies were relatively minor and usually related to inadequate documentation as opposed to failed processes. There was no discernible mission impact.

2: Some, but not all criteria met. Flying safety may be jeopardized. Evidence demonstrated deficiencies that could have jeopardized mission support or aircrew health and safety. For example:
- Notification gaps occurred
- Grounding review forums did not meet regularly

1: Adverse mission impact, including unnecessary scheduling changes and degraded flying safety was highly likely to occur. For example:
- The notification system was ineffective

- Grounding review forums met infrequently
- A significant percentage of out-of-clinic medical record entries were not reviewed within the recommended timeframe

0: The medical unit failed to meet the minimum provisions of the element. Adverse mission impact, including unnecessary scheduling changes and degraded flying safety, occurred or was highly likely to occur. For example:
- The notification system was non-existent
- Multiple records contained disqualifying diagnoses without appropriate action

NA**:** Not scored.

Protocol Flight Surgeon Protocol 1 is the pertinent protocol for this element.

Inspector Contact For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty physician (flight surgeon) inspector.

Reference(s) AFI 48-101; AFI 48-123; AFI 44-119

Element EX.1.5.3 (formerly OPS.1.2.3)

Aircraft Mishap Response and Investigation

Evaluation Criteria

- Applicable safety and accident investigation manuals and written guidance were readily available in the flight medicine clinic
- Response kits contained equipment/supplies appropriate for all local environmental conditions and typical local missions, including:
  - -- Personal protective gear as required by the bloodborne pathogen standard and OSHA
  - -- Investigation equipment and supplies, e.g., adequate stakes to identify sites of evidence
  - -- Basic needs for the responding crew, e.g., foul weather gear, a small supply of potable water, MREs or other foodstuffs
  - -- Field reference material, e.g., Society of USAF Flight Surgeons Aircraft Investigation Handbook, local operating instructions/checklists, etc.
  - -- A detailed kit inventory listing the contents and locations (e.g., tape measure in pouch #8)
  - -- Photographic capability (unit owned or memorandum of understanding with the photo lab)
- Response kits were light enough so all response personnel could carry them
- Personnel were aware of the status of relations and agreements established with community officials (e.g., coroner)
- Documentation showed evidence of a comprehensive training program designed to ensure that all initial response personnel (e.g., emergency room technicians, civilian contract ambulance personnel) were prepared to meet expected mishap response requirements
  - -- Common hazards for local and transient aircraft or special operations were addressed, such as hypoxia, barotrauma, smoke and fumes exposure, spatial disorientation (including G-LOC for high performance aircraft), decompression sickness, parachute jump operations, etc.
  - -- Training effectiveness was evaluated (e.g., an aircraft mishap investigation field exercise)
- There were guidelines for mishap response and investigation procedures occurring after duty hours

Scoring

4: Criteria met.

3: Deficiencies were minor, primarily administrative in nature, and unlikely to compromise either mission support or patient care.

2: Some, but not all criteria met. The ability to respond to mishaps could have been compromised due to lack of proper equipment, training or agreements with local authorities.

1: Mishap response and initial investigative capabilities were compromised due to program deficiencies.

0: The medical unit failed to meet the minimum provisions of the element. There was no process to identify, protect and collect aircraft mishap evidence and data. Adverse mission impact occurred or was highly likely to occur.

NA**:** Not scored.

Protocol Flight Surgeon Protocols 1 and 2 are the pertinent protocols for this element.

Inspector Contact For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty physician (flight surgeon) inspector.

Reference(s) AFI 48-101; AFI 91-202; AFI 91-204 Chap 7, 13; AFPAM 91-211

Element EX.1.5.4 (formerly OPS.1.1.3)

Aviation Soft Contact Lens (SCL) Program

Evaluation Criteria

- Evidence existed of effective coordination between flight medicine and optometry sections including:
  - -- Prompt identification of arriving personnel who wear contact lenses
  - -- Periodic program status reports (e.g., Aeromedical Council or Flight Medicine Flight staff meeting)
  - -- Mutual training programs between optometry and flight medicine
  - -- An accurate database identifying all aviators using soft contact lenses and their follow-up status
- All required optometric evaluations (7-day, 30-day, 6-month, 12-month after initial issue and annually thereafter) were completed
  - -- Members failing to complete required follow-up were notified of exclusion from the SCL program until all follow-up is completed
- Medical records included documentation of the initial contact lens briefing and recurring education of aviators regarding approved cleaning methods, proper use/wear, emergency procedures, proper back-up supply of lenses, mobility concerns, etc.
- Appropriate thirty day abstinence from contact lens use prior to Flying Class I/IA and Enhanced Flying Screening-Medical (EFS-M) examination was documented in the medical record
- SCL-related incidents were reported to the USAF SCL medical surveillance team

Scoring

4: Criteria met.

3: Identified deficiencies were minor, primarily administrative in nature, and unlikely to compromise either mission support or patient care.

2: Some, but not all criteria were met. For example:
- The database was inaccurate
- Medical personnel did not consistently remove "overdue" personnel from the SCL program

1: Monitoring procedures in place were insufficient to meet mission requirements. For example:
- The database was not effectively utilized to monitor follow-up status
- No action was taken to remove "overdue" personnel from the SCL program

0: The medical unit failed to meet the minimum provisions of the element. Adverse mission impact, including an increased risk for aviation mishaps

due to unrecognized degraded vision, could occur. For example:

- There was no database and/or no evidence of close coordination between optometry and flight medicine

NA**:** Not scored.

Protocol

Flight Surgeon Protocol 1 is the pertinent protocol for this element.

Inspector Contact

For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty physician (flight surgeon) inspector.

Reference(s)

HQ AFMOA/SG memorandum, Aircrew Soft Contact Lens (SCL) Program, 15 May 96; AFI 48-123

Element EX.1.5.5 (formerly OPS.1.2.1)

Flight Surgeon Operational Responsibilities

Evaluation Criteria

- Documentation showed reasonable allocation of time between clinical and operational duties of assigned flight surgeons, including SMEs
- Documentation revealed active participation in the following areas by all assigned flight surgeons, including SMEs:
  - -- Medical staff training including Pro Staff briefings, occupational medicine training to primary care personnel, flight medicine clinic technician in-service training and medical readiness training
  - -- Flight safety and mishap prevention briefings, including ground support personnel
  - -- Human performance evaluation including performance enhancement briefings to flying/special operations personnel
  - -- Occupational shop visits with BEE and/or PH personnel
  - -- Public health visits to evaluate day care and food service facilities
  - -- Flight surgeon flying hour and aircrew ground training currency
  - -- Flying/spec ops squadron activities (commander's call, squadron senior staff meetings, pre-deployment medical intelligence briefings, etc.)
  - -- Flight surgeon visits to operational support facilities (e.g., life support facilities, RAPCON, control tower, fire department)

Note: Flight surgeon support to aerospace physiology training units and aeromedical staging facilities is covered under separate elements.

Scoring

4: Criteria met.

3: Deficiencies were minor, primarily administrative in nature, and unlikely to compromise mission support.

2: Some, but not all criteria met. Program outcomes may be adversely affected. For example:
- Educational events occurred sporadically
- Industrial shop visits/public health facility visits occurred sporadically

1: Few criteria met. For example, educational programs were inadequate to meet mission support requirements.

0: The medical unit failed to meet the minimum provisions of the element. Adverse mission impact, such as unnecessary morbidity/mortality due to inadequate training, occurred or was highly likely to occur. For example:
- Flight surgeon office educational efforts failed to provide the medical staff with needed information and training
- Essential deployment skills were inadequate due to lack of training

NA**:** Not scored.

Protocol	Flight Surgeon Protocols 1 and 2 are the pertinent protocols for this element.
Inspector Contact	For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty physician (flight surgeon) inspector.
Reference(s)	AFI 48-101; HQ AFMOA/CC memorandum, Primary Care Optimization (PCO) in Flight Medicine (FSO) and Physical Examination and Standards Section (PES), 25 Apr 01

Element EX.1.5.6 (formerly OPS.1.5.1 and OPS.1.5.2)

Aerospace Physiology Training Unit (APTU) Function

Evaluation Criteria

- APTU personnel were properly trained for their assigned duties
- APTU actively supported the flying safety office and flying squadrons with human performance information and briefings
- APTU maintained a close liaison with wing and squadron life support personnel
- Procedures were in place for the treatment of chamber reactors or emergency hyperbaric operations (for units with a hyperbaric chamber)
  - -- The plans were reviewed and exercised regularly with flight medicine personnel
  - -- Emergency procedures were posted prominently in the chamber area
  - -- Medical kits were current
- APTU support to special programs was adequate and appropriate
  - -- Special life support equipment (e.g., HAAMS walk-around multi-person oxygen regulators) was approved/certified
- Flight surgeon support to APTU was adequate and appropriate
  - -- Flight surgeons participated in all medical evaluation flights and evaluated chamber reactors
  - -- Flight surgeons had appropriate knowledge of recognition, diagnosis and treatment of decompression sickness (DCS)
  - -- Flight surgeons consistently monitored care rendered, emergency equipment and medication used during hypobaric and/or hyperbaric operations
  - -- Flight surgeons reviewed and helped develop patient treatment protocols and emergency procedures
  - -- Flight surgeons ensured patients were pre-screened, oriented and prepared for treatment dives
  - -- Flight surgeons documented patient treatment in clinical records
  - -- Flight surgeons coordinated with the treatment facility to ensure timely care for patients requiring emergency treatment
  - -- Flight surgeons obtained/documented timely consultation from USAF-approved hyperbaric consultant during the management of such patients

Scoring

4: Criteria met.

3: Deficiencies were minor, primarily administrative in nature, and unlikely to compromise either mission support or patient care.

2: Some, but not all criteria met. Program outcomes may be adversely affected. Deficiencies potentially compromised mission support and/or flying operations. For example:

- Flight surgeons lacked knowledge of recognition, diagnosis and treatment of DCS
- Personnel were inconsistent in demonstrating their ability to perform emergency medical actions

1: Adverse mission impact, such as an increased risk for human factors-related mishaps, was highly likely to occur. Lack of flight surgeon involvement in chamber activities posed a significant risk of adverse mission impact, such as morbidity/mortality of mission essential personnel.

0: The medical unit failed to meet the minimum provisions of the element. Adverse mission impact, such as an unnecessary increased risk for human factors-related mishaps, occurred.

NA**:** Not scored.

Protocol Flight Surgeon Protocol 4 is the pertinent protocol for this element.

Inspector Contact For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty physician (flight surgeon) inspector.

Reference(s) AFI 48-101; AFI 11-403

Element EX.1.5.7 (formerly OPS.1.4.1, OPS.1.4.2 and OPS.1.4.3)

Aeromedical Staging Facility (ASF) Function

Evaluation Criteria

- Procedures were in place to effectively manage medical aspects of aeromedical evacuation (AE)
  - -- The attending physician determined the need for a medical attendant and identified specific qualifications
  - -- All AE patients' medical records were reviewed prior to submitting a patient movement request (PMR), and patients with potentially significant problems were examined by the flight surgeon and the encounter documented in the record
  - -- Changes to original orders, flight surgeon assessments, appropriate nursing care, medication and treatments administered were properly annotated on the AF Form 3899, Aeromedical Evacuation Patient Record (or a continuation form)
- Procedures were in place to ensure flight surgeon review of all AF Forms 230 and AF Forms 3899
- A flight surgeon assessed each patient as soon as possible after arrival at the ASF
- A flight surgeon determined if a patient could begin or continue travel in the aeromedical evacuation system based on current medical complaints, medications, medical history/records and treatments required en route
- For patients too ill to be cared for on the ASF, a flight surgeon evaluated the patient and arranged for remain overnight (RON) or admission to the appropriate inpatient unit
- A system was in place to ensure post-AE patients follow-up with the referring provider/clinic
- Aerovac patients were transported to the flight line with the appropriate level of attendant, emergency equipment and communication capability
- Pre-hospital protocols were used and maintained in the ambus/ambulance
- Ambuses/ambulances were standardized with other medical unit ambulance services to the greatest degree possible
- Personnel had been trained to operate ambuses/ambulances and certification verified for flight line vehicle operation

Scoring

4: Criteria met.

3: Deficiencies were minor, primarily administrative in nature, and unlikely to compromise either mission support or patient care.

2: Some, but not all criteria were met. For example:

- Deficiencies in the process potentially compromised patient care, comfort or safe transport

- Flight surgeon assessment of patients was delayed or inadequate
- Documentation of medical interventions was inconsistent

1: Adverse mission impact or clinical outcomes were highly likely to occur due to inadequate administrative procedures or flight surgeon oversight.

0: The medical unit failed to meet the minimum provisions of the element. Adverse mission impact occurred. For example, deficiencies in the process posed serious threats to patient care or safe transport, or flight surgeon involvement was so peripheral that patients were at high risk for adverse clinical outcomes.

NA**:** Not scored.

Protocol Flight Surgeon Protocol 5 and Senior Enlisted Protocol 6 are the pertinent protocols for this element.

Inspector Contact For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty physician (flight surgeon) inspector.

Reference(s) AFI 41-302; AFI 48-101; AFI 41-305, Chap 3

Element EX.1.5.8 (formerly LED.2.3.1)

Management of Aerospace Medicine Services Delivery

Evaluation Criteria

- The chief, aeromedical services (SGP) was an experienced flight surgeon, appointed in writing by the unit commander
- The chief, aeromedical services developed policies and procedures and prepared directives governing Team Aerospace functions
- The SGP actively participated in the flying mission to observe and advise on aeromedical problems
- The SGP provided and executed all aerospace medicine activities with an integrated team approach using the aeromedical council or similar forum to ensure coordination of aerospace medicine activities
- The SGP ensured medical support for the flying safety program
- The SGP developed and monitored operational and emergency medicine training programs for squadron medical elements (if applicable), and ensured assigned personnel (including augmentees) were trained and prepared to provide medical support for contingency operations
- The SGP was a consultant to/member of the executive team and collaborated with its members in policy and decision making
- Evidence existed of an active peer review program evaluating the clinical and administrative skills, specifically aeromedical disposition, of all providers in the flight surgeon office

Scoring

4: Criteria met.

3: Discrepancies were minor, primarily administrative in nature, and unlikely to compromise either mission support or patient care.

2: Aerospace medicine support of the operational mission was deficient in some non-critical areas. For instance, support of flying safety was sporadic, training requirements were not completely met, or coordination of aerospace medicine activities was inconsistent.

1: Adverse mission impact was highly likely to occur. For example, oversight of training and personnel was insufficient to ensure members were prepared to provide medical support for contingency operations, and/or Team Aerospace functional areas were ineffective.

0: The medical unit failed to meet the minimum provisions of the element. Adverse mission impact occurred.

NA: Not scored.

Protocol	Team Chief Protocol 3 and Flight Surgeon Protocol 6 are the pertinent protocols for this element.
Inspector Contact	For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty physician (flight surgeon) inspector.
Reference(s)	AFMAN 36-2105; AFPD 48-1; AFI 48-101

Area EX.1.6 Workplace Surveillance

Element EX.1.6.1 (formerly OPS.3.1.1 and OPS.3.1.2)

Bioenvironmental Engineering Occupational Health Management

Evaluation Criteria

- The bioenvironmental engineer (BE) developed and maintained a master listing of all workplaces included in the BE area of responsibility (including contractor operations requiring support)
  - -- The BE developed a master shop surveillance schedule based on workplace categorization and surveillance frequency
  - -- The BE performed activity based assessments according to the master schedule
- The BE periodically assessed adherence to the routine surveillance plan and adjusted as needed
- BE developed and followed a management plan to implement command core by 31 Dec 02, to include specific measurable timelines and goals for any new metrics established by AFMOA
- BE developed a quality control/quality assurance management plan to ensure accuracy of populated data fields in command core
- Summary of exposures provided to the occupational health working group for each workplace
  - -- At a minimum, contained information on exposures above the action level or exposures requiring control
  - -- Included noise dosimetry results
- The BE produced a written report summarizing the outcome of the special evaluation, plans for additional evaluations and recommended actions to reduce risk and cost
- The BE produced a written report summarizing the outcome of routine surveillance, plans for special surveillance and recommended actions to reduce occupational health risks
- A BE or 7- or 9-skill level BE technician (where there is no BE) certified the Personal Protective Equipment (PPE) appropriate for each workplace operation or task, and provided a copy of the certified list with each periodic survey report
  - -- Known limitations of prescribed PPE such as breakthrough times, abrasion sensitivity, temperature range, etc. related to shops
- The BE determined special surveillance health risk priorities and categories
  - -- The BE developed/maintained a master list of special surveillance needs
  - -- The BE scheduled and conducted special surveillance tasks according to the established priorities
- The BE briefed the status of the occupational surveillance as appropriate at the Air Force Occupational Safety and Health and Aeromedical Councils as required (e.g., status of the respiratory protection, radiation permits/new uses of radioactive material and risk assessment code programs)

- The BE developed a program in support of primary care optimization (e.g., BE representatives have been assigned to each primary care management team and referral procedures have been established to access BE resources)
- The BE appropriately conducted evaluations of workplace hazards to support the Fetal Protection Program
- The BE coordinated with civil engineering to develop an effective and efficient process for reviewing construction plans, projects, and work orders to ensure occupational health issues were addressed (e.g., asbestos and lead abatement projects or ventilation system design)
- Risk assessment codes were appropriately assigned and tracked
- Host tenant support surveillance complied with MTF, established guidelines

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Scoring

4: Criteria met.

3: Deficiencies were minor, primarily administrative in nature, and unlikely to compromise either mission support or patient care. For example:
- The BE met shop surveillance schedules for 90-99 percent of scheduled category 1 shops
- The BE met shop surveillance schedules for 80-99 percent of scheduled category 2 shops
- Workplaces were assigned to priority categories, but criteria for workplace prioritization was not clearly established
- BE had no established method of evaluating the quality of data entered into command core

2: Program outcomes may be adversely affected. Incomplete data limited the ability to assess exposures and comply with Occupational Safety and Health Administration or Nuclear Regulatory Commission standards. For example:
- The BE met the shop surveillance schedule for 70-89 percent of scheduled category 1 shops
- The BE met the shop surveillance schedule for 50-79 percent of scheduled category 2 shops
- Assessments conducted in shops since Oct 97 were only partially task/process based
- Workplace categorization did not align with criteria IAW AFI 48-145
- There was no clearly established process for scheduling and tracking special surveillance according to established priorities
- A command core implementation plan was developed but there was little or no evidence the plan was implemented
- The BE only sporadically reviewed construction plans, projects, and work orders; no process clearly established to ensure a total review

1: Adverse mission impact was expected to occur. For example:
- The BE met the shop surveillance schedule for 69 percent or less of the category 1 shops

- The BE met the shop surveillance schedule for less than 50 percent of category 2 shops
- There was substantial noncompliance with Occupational Safety and Health Administration (OSHA) or AF regulatory requirements
- There was no evidence a Command Core implementation policy was followed
- There was the potential for employee health and safety to be compromised

0: There was noncompliance with standards. The medical unit failed to meet the minimum provisions of the element. Adverse mission impact occurred or was highly likely to occur. There was a high potential for employee health and safety to be compromised or there was noncompliance with OSHA or AF regulatory requirements.

NA**:** Not scored.

Inspector Contact For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty bioenvironmental engineering inspector.

Protocol Bioenvironmental Engineer Protocol 1 and Flight Surgeon Protocol 3 are the pertinent protocols for this element.

Reference(s) HQ USAF/SG memorandum, Implementation of the Command Core System, 25 Sep 01; HQ AFMOA/CC memorandum, Bioenvironmental Engineering Support of Primary Care Optimization, 11 Apr 02; AFI 91-301; AFI 48-145, Chap 1 and 2; AFOSH Std 91-68; 29 CFR 1960, subpart D; AFI 48-101; AFI 32-7086, Chap 2; AFI 40-201, AFOSH Std 48-1; AFOSH Std 48-8; AFOSH Std 48-9; AFOSH Std 48-137; AFOSH Std 91-31; 29 CFR 1910, subpart Z

Element EX.1.6.2 (formerly OPS.3.2.1)

Identification and Evaluation of Chemical Hazards

Evaluation Criteria

- Procedures ensured identification of chemical hazards within the workplace
  - -- The bioenvironmental engineer (BE) actively participated in the hazardous materials management process to evaluate AF Forms 3952 for control options and health risks to personnel
  - -- A comprehensive inventory of all chemical hazards for each workplace was documented on AF Form 2761 or equivalent and periodically validated; key constituents were defined
- The BE identified all areas where chemicals in the Occupational Safety and Health Administration (OSHA) expanded standards were used with appropriate documentation showing the impact to industrial work areas
- Activity-based exposure assessments considered chemical use rate, components, properties and toxicity of the material, routes of exposure and applicable occupational exposure limits (OELs)
  - -- Quantification of chemical exposure was based on good industrial hygiene practice and reflected a combination of the following, as applicable: observation, professional judgment, calculations, comparison to analogous exposure scenarios and swipe and air sampling (screening, compliance, and diagnostic)
  - -- Air samples, calculations or assessments by other means were accompanied by documentation of the conditions and variables in effect when the exposure was evaluated and took into consideration confidence limits
  - -- Air sample results were validated during scheduled surveys to verify process procedures have not changed since the characterization was made and exposure levels are still representative of worker exposures
- Air sampling strategy ensured:
  - -- Sufficient samples were collected to reliably characterize exposures with confidence
  - -- Compliance with appropriate AFOSH and OSHA standards was maintained
  - -- Sample durations represented applicable OELs
  - -- Air sample results were reported to the affected worker(s) within 15 days of receiving results, unless OSHA requires a shorter reporting period

Scoring

4: Criteria met.

3: Deficiencies were minor, primarily administrative in nature, and unlikely to compromise either mission support or program effectiveness.

2: Program outcomes may be adversely affected. For example, incomplete data limited the ability to assess exposures and comply with OSHA standards or no method existed to verify all current worker exposure assessments were representative of existing conditions.

1: Adverse mission impact was expected to occur.
- There was the potential for employee health and safety to be compromised
- There was substantial noncompliance with OSHA or Air Force regulatory requirements

0: There was noncompliance with standards. The medical unit failed to meet the minimum provisions of the element. Adverse mission impact, such as staffing shortages due to avoidable work site-related illnesses/injuries, occurred or was highly likely to occur. For example, there was substantial noncompliance with OSHA.

NA**:** Not scored.

Protocol

Bioenvironmental Engineer Protocol 1 is the pertinent protocol for this element.

Inspector Contact

For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty bioenvironmental engineering inspector.

Reference(s)

AFI 32-7086, Chap 2; AFI 48-101; AFI 48-145; AFI 48-101; AFOSH Std 48-8; AFOSH Std 48-22; AFOSH Std 91-68; 29 CFR1910.1000, 1910.1001, 1910.1025, 1910.1027, 1910.1028, 1910.1047, 1910.1048, 1910.1050, 1910.1052, 1910.1450, 1926.62 and 1926.1101

Element EX.1.6.3 (formerly OPS.3.2.2)

Control of Chemical Hazards

Evaluation Criteria

- Personal protective equipment (PPE) was used only when engineering/administrative controls were not feasible, as directed by regulation or when appropriate as an interim control
- Workplace periodic and special survey reports, as well as other case file documentation, clearly and specifically defined:
  -- Existing or new requirements for PPE, respiratory protection and engineering and administrative workplace controls for reducing exposures lower than occupational exposure limits
- The BE evaluated compliance with HAZCOM during work area surveys
- The BE assessed industrial ventilation systems as appropriate (initial and periodic)
- The BE defined regulated areas where required
  -- Appropriate regulated area documentation was maintained by the industrial shop and or BE Flight
- Compliance with Occupational Safety and Health Administration (OSHA) expanded standards was maintained
  -- The BE recommended protective controls IAW OSHA expanded standards
  -- Clear determination of methods of compliance were documented

Scoring

4: Criteria met.

3: Deficiencies were minor, primarily administrative in nature, and unlikely to compromise either mission support or program effectiveness.

2: Some, but not all criteria met. Program outcomes may be adversely affected. Deficiencies potentially compromised worker health and safety.
- BE had no definitive determination of expanded standard applicability
- Neither BE nor industrial shop(s) maintained applicable regulated area documentation

1: Few criteria were met. Adverse mission impact was expected to occur.
- There was the potential for employee health and safety to be compromised
- There was substantial noncompliance with OSHA or AF regulatory requirements

0: There was noncompliance with standards. The medical unit failed to meet the minimum provisions of the element. Adverse mission impact occurred or was highly likely to occur. There was a high potential for employee

health and safety to be compromised or there was noncompliance with OSHA or AF regulatory requirements.

NA**:** Not scored.

Protocol

Bioenvironmental Engineer Protocol 1 is the pertinent protocol for this element.

Inspector Contact

For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty bioenvironmental engineering inspector.

Reference(s)

AFOSH STD 48-2; AFOSH Std 48-8; AFOSH Std 48-21; AFOSH Std 48-22; AFOSH STD 91-31, Chap 2 and 3; AFI 32-7086; AFI 48-101; AFI 48-145; AFOSH Std 91-68; 29 CFR 1910, subpart Z; 29 CFR 1910.1000, 1910.1001, 1910.1027, 1910.1028, 1910.1047, 1910.1048, 1910.1050, 1910.1052, 1910.1450, 1926.62, 1926.1101 and 29 CFR 1910.94

Element EX.1.6.4 (formerly OPS.3.2.3)

Respiratory Protection Program

Evaluation Criteria

- The bioenvironmental engineer (BE):
  - -- Established a base-wide respiratory protection (RP) program
  - -- Maintained a master respirator inventory
    - --- Quarterly updates of the master respiratory protection inventory were provided to physical exam section, public health and wing safety
  - -- The BE reported to work centers the approved setup for supplied air respirator, e.g., manufacturer/serial number, compressor type, delivery pressure and breathing class, hose length, types of alarms, etc.
- The BE clearly reported to shops if respirators were required/recommended
  - -- Surveyed each shop using respiratory protection periodically
  - -- Documented reasoning for respirator selection (e.g., AF Form 2773)
  - -- Determined change schedule for filters, canisters and cartridges based on objective information or data
  - -- Assisted workplaces in developing appropriate RP operating instructions (OIs) and reviewed and approved the OIs annually
  - -- The BE has a process to receive the NIOSH user's notices
  - -- Performed periodic self-inspections of the respiratory protection program
  - -- Reviewed and reported the status of the base respiratory protection program in writing to the Aeromedical Council and the base AFOSH council (or equivalent) annually
  - -- Ensured respirator breathing air met quality control requirements as directed in T.O. 42B-1-22 (e.g., received copy of breathing air analysis results)
  - -- Ensured procedures were in place to maintain carbon monoxide levels below 10 ppm for compressors which are not oil-lubricated
  - -- Evaluated supplied air systems to ensure requirements of AFOSH Std 48-137 were met
  - -- Established an effective procedure to ensure workers had received a medical evaluation before fit-testing
  - -- The BE provided the physician conducting medical examinations the expected work effort for individuals using respirators (e.g., climb, lift/carry heavy objects, dig, crawl, etc.)
  - -- Established a procedure to insure a respirator fit-test is carried out for each wearer of a tight-fitting respirator at least once every 12 months or as required by a substance specific Occupational Safety and Health Administration (OSHA) standard
  - -- Conducted respirator fit-testing and training according to the requirements in AFOSH Std 48-137, 29 CFR 1910.134 and 1910.139 for tuberculosis respirators
  - -- The medical unit implemented a risk-based respiratory protection program for tuberculosis

Scoring

4: Criteria met.

3: Deficiencies were minor, primarily administrative in nature, and unlikely to compromise either mission support or program effectiveness.

2: Some, but not all criteria met. Program outcomes may be adversely affected. For example:
- Self-inspections were only partially conducted with respect to the requirements of AFOSH Std 48-137
- Fit testing conducted after 8 April 98 did not include the eight exercise protocols required by OSHA and documentation was incomplete
- The master respirator inventory was not current or complete

1: Few criteria met. Adverse mission impact was expected to occur.
- There was the potential for employee health and safety to be compromised
- There was substantial noncompliance with OSHA or Air Force regulatory requirements

0: There was noncompliance with standards. The medical unit failed to meet the minimum provisions of the element. Adverse mission impact occurred or was highly likely to occur. There was a high potential for employee health and safety to be compromised or there was noncompliance with OSHA or AF regulatory requirements.

NA**:** Not scored.

Protocol

Bioenvironmental Engineer Protocol 1 and Flight Surgeon Protocol 3 are the pertinent protocols for this element.

Inspector Contact

For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty bioenvironmental engineering inspector.

Reference(s)

AFOSH Std 48-137, Chap 2, 3, 4, 6, 7, 8 and 9; 29 CFR 1910.134; T.O. 42B-1-22; AFI 44-108

Element EX.1.6.5 (formerly OPS.3.2.4)

Identification, Evaluation and Control of Hazardous Noise

Evaluation Criteria

- Procedures (schedule of surveys, work order/plans review, etc.) ensured identification, evaluation and documentation of hazardous noise producing sources and personnel exposures
  - -- Noise level measurements and hazard distances (when appropriate) were documented and communicated to the workplace
  - -- Dosimetry was performed where warranted by judgment or calculation and interpreted appropriately
  - -- The base safety office was informed of the location of hazardous noise areas and conditions for which personal protective equipment (PPE) is required
  - -- Known or suspected overexposures as well as occupational illnesses were investigated and findings documented
  - -- Initial sitting and annual background noise checks were performed inside audiometric booths
- Adequate controls were determined and recommended
  - -- Attenuation of hearing protection was documented for each associated shop and noise exposure
  - -- Information on attenuation values for associated noise exposures was provided to public health
  - -- Routine and special survey reports as well as case file documentation defined existing or new requirements for PPE and engineering and administrative work place controls
  - -- PPE was recommended only where engineering or administrative controls were not feasible or where PPE was appropriate as an interim control
  - -- Workplace supervisor notification of hazardous noise exposures in writing within 30 days

Scoring

4: Criteria met.

3: Deficiencies were minor, primarily administrative in nature, and unlikely to compromise either mission support or program effectiveness.

2: Some, but not all criteria met. Program outcomes may be adversely affected. For example, incomplete data limited the ability to assess exposures and comply with Occupational Safety and Health Administration (OSHA) standards.

1: Few criteria were met. Adverse mission impact was expected to occur.
- There was potential for compromised employee health and safety

- There was substantial noncompliance with OSHA or Air Force regulatory requirements

0: There was noncompliance with standards. The medical unit failed to meet the minimum provisions of the element. Adverse mission impact occurred or was highly likely to occur. There was a high potential for employee health and safety to be compromised or there was noncompliance with OSHA or AF regulatory requirements.

NA**:** Not scored.

Protocol

Bioenvironmental Engineer Protocol 1 is the pertinent protocol for this element.

Inspector Contact

For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty bioenvironmental engineering inspector.

Reference(s)

AFPD 48-1; AFI 48-101; AFI 48-145; AFOSH Std 48-19; AFOSH Std 161-20; 29 CFR 1910.95

Element EX.1.6.6 (formerly OPS.3.2.5)

Identification, Evaluation and Control of Ionizing Radiation Hazards

Evaluation Criteria

- A wing or base instruction was established outlining the base ionizing radiation protection program to keep exposures as low as reasonably achievable (ALARA); it included areas such as surveys, dosimetry, training, leak tests, inventories, public dose assessments, facility design/layout/area classification and radioactive material (RAM) shipping, receiving, recycling and disposal, exposure control activities/monitoring/surveillance activities, personnel dosimetry, and non-Air Force organizations to use radioactive materials on the installation. The instruction directed:
  - -- That all required training is performed and documented
  - -- That a quality assurance program was implemented for radiation safety by commanders and unit Radiation Safety Officers (RSO)
  - -- That a system was in place to inform key base agencies (e.g., base commander, fire department, civil engineering readiness flight chiefs) of authorized uses of RAM on the installation
  - -- That the base radiation protection program was reviewed at least annually, briefed to wing leadership and documented appropriately
- Appropriate surveillance procedures of occupational and general public exposures where radiation producing devices or RAM were operated/stored were accomplished
  - -- Generally Licensed items (e.g., gas chromatographs, exit signs, ion scans, static eliminators and certain portable gauges) were appropriately registered with the Radioisotope Committee
  - -- Radon assessments of new facilities were conducted for medium and high risk installations (1987 RAMP list)
  - -- Entrance skin exposure data is collected annually for each diagnostic radiology unit
- An appropriate personnel thermoluminescent dosimetry (TLD) program
  - -- Evaluated exposures to pregnant females and/or fetuses
  - -- Documented receipt of TLD information by the worker
  - -- Tailored investigative action levels for potential exposure groups and performed a formal investigation when needed
  - -- The installation RSO maintained copies of SDRD Form 1527-1, Annual Report of Individual Occupational Exposures to Ionizing Radiation, for 5 years
  - -- The RSO ensured a process was in place ensuring SDRD Forms 1527-1 were filed in the individual's outpatient medical record annually
  - -- Identified personnel who have radiation exposures during off-duty employment (moonlighting) and includes monitoring data in the master radiation exposure registry
- Adequate controls were determined and recommended

-- Survey reports and case file documentation clearly and specifically defined existing or new control requirements (engineering, PPE, administrative) to keep exposures ALARA
-- Known or suspected overexposures or occupational illnesses were appropriately reported, investigated and findings documented

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Scoring

4: Criteria met.

3: Deficiencies were minor, primarily administrative in nature, and unlikely to compromise either mission support or program effectiveness.

2: Not all criteria met. Program outcomes may be adversely affected. For example, incomplete data limited ability to assess exposures and comply with Occupational Safety and Health Administration or Nuclear Regulatory Commission standards.

1: Few criteria met. Adverse mission impact was expected to occur.
- There was the potential for employee health and safety to be compromised
- There was substantial noncompliance with Occupational Safety and Health Administration, Nuclear Regulatory Commission or Air Force regulatory requirements

0: There was noncompliance with standards. The medical unit failed to meet the minimum provisions of the element. Adverse mission impact occurred or was highly likely to occur. There was a high potential for employee health and safety to be compromised or there was noncompliance with Occupational Safety and Health Administration or AF regulatory requirements.

NA**:** Not scored.

Protocol

Bioenvironmental Engineer Protocol 1 is the pertinent protocol for this element.

Inspector Contact

For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty bioenvironmental engineering inspector.

Reference(s)

AFI 48-148; AFI 40-201; AFI 48-101; AFI 48-125; AFI 48-148; AFI 91-204

Element EX.1.6.7 (formerly OPS.3.2.6 and OPS.3.2.7)

Identification, Evaluation and Control of Other Hazards

Evaluation Criteria

- Procedures ensured identification, evaluation and documentation of controlled and uncontrolled environments for potentially hazardous radio frequency radiation (RFR) emitters
- The bioenvironmental engineer (BE) investigated all alleged or suspected overexposures to RFR
- Assisted unit commanders and shop supervisors in the development of RFR awareness training
- Other potentially hazardous non-ionizing radiation emitters, e.g., ultraviolet or infrared-producing activities were identified and evaluated; appropriate controls were recommended
- Lasers were classified and evaluated using the ANSI standard; appropriate controls were recommended
- A proficient level of knowledge, training, and experience was maintained to assess non-ionizing radiation (including laser) hazards, perform required measurements and respond to health issues that were raised
- BE properly investigated/documented suspected laser radiation exposures
- The BE provided laser safety training and information to units as necessary
- Procedures ensured identification, evaluation and documentation of occupational thermal exposures
  -- Exposure assessments considered process/task evaluations, thermal stress caused by required personal protective equipment (PPE), ambient conditions and seasonal variations
- Procedures ensured identification, evaluation and documentation of biological hazards, as appropriate
- The BE performed ventilation surveys (air exchanges and air flow studies), e.g., operating/delivery rooms or dental instrument processing centers, as required by MTF instructions or as requested by the Infection Control Committee/Infection Control Review Function and worked with the facility manager to ensure the necessary testing is accomplished
- Workplace surveillance documentation (including letters sent to the workplace) clearly and specifically defined existing or new requirements for PPE and engineering and administrative controls for reducing non-ionizing radiation, thermal and biological hazards
  -- Adequate controls determined and recommended
  -- PPE was recommended only where engineering/administrative controls were not feasible or where PPE was appropriate as an interim control
- Suspected overexposures were investigated and findings documented
- BE incorporated identification, evaluation and control of ergonomic risk factors into the activity surveillance program (routine and special)
  -- The BE evaluations addressed workplace analysis and hazard prevention and control

-- Back injury risks were addressed in the evaluation
-- Back support belts or wrist splints were not recommended as forms of personal protective equipment
-- Injury/illness reports, worker compensation information and other sources of injury information were reviewed for evidence of musculoskeletal disorders

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Scoring

4: Criteria met.

3: Deficiencies were minor, primarily administrative in nature, and unlikely to compromise either mission support or program effectiveness.

2: Not all criteria met. Program outcomes may be adversely affected. For example, incomplete data limited ability to assess exposures and comply with Occupational Safety and Health Administration (OSHA) standards.

1: Few criteria were met. Adverse mission impact was expected to occur.
- There was the potential for employee health and safety to be compromised
- There was substantial noncompliance with OSHA or Air Force regulatory requirements

0: There was noncompliance with standards. The medical unit failed to meet the minimum provisions of the element. Adverse mission impact occurred or was highly likely to occur. There was a high potential for employee health and safety to be compromised or there was noncompliance with OSHA or AF regulatory requirements.

NA**:** Not scored.

Protocol

Bioenvironmental Engineer Protocol 1 is the pertinent protocol for this element.

Inspector Contact

For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty bioenvironmental engineering inspector.

Reference(s)

AFI 44-108; AFI 48-101; AFI 48-145, Chap 1 and 2; AFOSH Std 48-9; ACGIH Threshold Limit Values for Physical Agents; AFMOA/CC memorandum, Interim Air Force Ergonomic Program, 30 Jan 01

Element EX.1.6.8 (formerly OPS.3.2.8)

Confined Space Program

Evaluation Criteria

- The bioenvironmental engineer (BE) evaluated master entry plans (MEPs) to ensure critical elements were addressed, including acceptable atmospheric conditions, personal protective equipment, monitoring equipment and procedures (including verification of equipment condition), and quantities of chemicals authorized for use
- Reviewed and approved non-routine entry permits
  -- Evaluated or oversaw evaluation of confined spaces for hazardous atmospheres (e.g., explosive, oxygen deficient or airborne concentrations of a substance capable of causing acute illness) where certified organizational personnel were not available
  -- Evaluated worker exposure to hazardous chemicals
- Recommended protective equipment and other controls adequate for type and degree of hazards
- Participated in the base Confined Spaces Program Team (if existing) and in development of worker/supervisor training for confined space duties and the annual review of the adequacy of the base confined space program
- Ensured the Confined Spaces Program Team representative attended a formal confined spaces course or was certified by the chief of BE that the person had adequate experience
- Trained organization personnel on the use, calibration and care of monitoring equipment; if unable to support this requirement, the BE assisted in identifying a training resource
- Included confined space entry in the activity surveillance program

Scoring

4: Criteria met.

3: Deficiencies were minor, primarily administrative in nature, and unlikely to compromise either mission support or program effectiveness.

2: Some, but not all criteria met. Program outcomes may be adversely affected. For example, incomplete data limited ability to assess exposures and comply with Occupational Safety and Health Administration (OSHA) standards.

1: Few criteria met. Adverse mission impact was expected to occur.
- There was the potential for employee health and safety to be compromised
- There was substantial noncompliance with OSHA or Air Force regulatory requirements

0: There was noncompliance with standards. The medical unit failed to meet the minimum provisions of the element. Adverse mission impact occurred or was highly likely to occur. There was a high potential for employee health and safety to be compromised or there was noncompliance with Occupational Safety and Health Administration or AF regulatory requirements.

NA**:** Not scored.

Protocol

Bioenvironmental Engineer Protocol 1 is the pertinent protocol for this element.

Inspector Contact

For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty bioenvironmental engineering inspector.

Reference(s)

AFOSH Std 91-25; AFOSH Std 48-8

Element EX.1.6.9 (formerly OPS.3.3.2)

Occupational Epidemiology

Evaluation Criteria

- Program elements followed Air Force Medical Operations Agency policies for surveillance, prevention, control, treatment and reporting
  - -- Local guidelines were established and followed to integrate occupational epidemiology with "Put Prevention Into Practice" program (e.g., medical providers received briefing on the major industrial activities at their base)
- Occupational illness/injury reporting occurred IAW regulatory requirements
  - -- Potential occupational illnesses/injuries were identified using sources including, but not limited to:
    - --- CA-1s, CA-2s and CA-6s
    - --- Provider referrals to public health (PH)
    - --- Review of patient visits to emergency room/acute care, primary care, physical therapy, etc.
    - --- AF Forms 190 (or electronic equivalent) were completed, placed in medical record and sent electronically to AFIERA/RSRH
    - --- Occupational Safety and Health Administration (OSHA) Form 200/300 or equivalent
    - --- Federal Employees Compensation Act (FECA) Working Group meetings/review of FECA claims
    - --- Annual review of occupational physical trends
  - -- PH logged all military and government service non-contract civilian personnel occupational illnesses on the OSHA Form 200/300, or other appropriate form, and forwarded a copy to base safety monthly
- PH monitored results of occupational health medical examinations to determine trends and monitor program status. Results were shared with the bioenvironmental engineer and other occupational health team members
- Occupational illness and injury incidents were investigated; trends were analyzed and results interpreted; recommendations and follow-up completed the trend life-cycle (Note: It is not appropriate for public health to only confine themselves to illness investigation—PH should be involved as a part of the prevention team in all aspects of morbidity and mortality on the installation)
- Commanders were advised of hazards and corrective actions required
- Medical staff members were advised regarding occupational illness and injury identification, notification and prevention issues

Scoring

4: Criteria met.

3: Deficiencies were minor, primarily administrative in nature, and unlikely to compromise mission support. Adverse population or individual health outcomes were not anticipated.

2: Not all criteria met. Program outcomes may be adversely affected. Potential adverse health effects may have gone unnoticed. Occupational illnesses and injuries may not have been appropriately investigated or analyzed.

1: Few criteria were met. Adverse mission impact was expected to occur. For example:
- Occupational illnesses and injuries were not appropriately investigated or analyzed
- Adverse outcomes were likely missed

0: There was noncompliance with standards. The medical unit failed to meet the minimum provisions of the element. Adverse mission impact occurred or was highly likely to occur. For example:
- Adverse outcomes were very likely missed
- Occupational illnesses and injuries were not investigated or analyzed to define root cause and program modifications to avoid similar occurrences

NA**:** Not scored.

Protocol Flight Surgeon Protocol 3 is the pertinent protocol for this element.

Inspector Contact For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty public health inspector.

Reference(s) AFPD 48-1; AFI 48-101; AFI 91-204; AFI 91-301; AFOSH Std 48-8; DoDI 6055.12; AFMOA/SGOP memorandum, USAF Public Health Surveillance for Reportable Diseases and Conditions, 1 Feb 96

Area EX.1.7 Communicable Disease Control

Element EX.1.7.1 (formerly OPS.2.1.1)

Subsistence Inspection Activities

Evaluation Criteria

- Surveillance and receipt inspection programs complied with published guidelines
- For non-prime vendor receipts, food was inspected upon arrival (e.g., receipt inspections: Classes 4 and 8)
- Public health ensured food inspection activities for prime vendor deliveries were accomplished in accordance with current policy guidance
  - -- Prime Vendor receipt inspections are being performed by a trained, responsible end user
  - -- A vendor quality history is maintained on all Prime Vendor contractors
- Public health determined if government-owned foods maintain wholesomeness (e.g., surveillance inspections: Classes 5, 6, 7, and 9)
- Public health provided guidance to facilities concerning wholesomeness, condition, and quality of foods at delivery, storage and issue
- Public health ensured local subsistence procurement contractors obtained subsistence items from approved sources and the subsistence contract contained adequate quality assurance provisions (QAP)
- Nonconformance was reported and documented -- if locally approved establishments existed, public health periodically (as determined by the aeromedical council) inspected the sanitation of these establishments using appropriate MIL-STD series checklists/standards and/or the current FDA Food Code
- The quantity, location and serviceability of operational rations (e.g., MREs, T-rations, cold weather rations, survival rations, etc.) were monitored
- Public health communicated with local, state, and federal food safety officials on current food safety trends
- Mechanisms were in place to initiate ALFOODACT investigations and ensure messages were "closed out" to indicate final disposition was complete
- A written food vulnerability assessment had been completed

Scoring

4: Criteria met.

3: Minor deficiencies, primarily administrative in nature, were unlikely to impact food or contract compliance requirements. Adverse unit or individual health outcomes are not anticipated.

2: There was a possibility that food wholesomeness and contract compliance requirements were not being met.

1: There was minimal compliance with evaluation criteria. There was a strong probability that food wholesomeness and contract compliance requirements were not being met.

0: There was noncompliance with multiple evaluation criteria and/or compliance with basic program requirements was not evident. Food wholesomeness, quality and contract compliance requirements were not being met.

NA**:** Not scored.

Protocol Public Health Protocol 1 is the pertinent protocol for this element.

Inspector Contact For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty public health inspector.

Reference(s) Current FDA Food Code; DPSC Handbook 4155.2, Appendix A; AFI 48-101; AFI 48-116; The Joint Receipt Food Inspection Manual, 29 Jan 96; The Joint Surveillance Food Inspection Manual, 10 May 95; AFMOA/SGPA memorandum, USAF Public Health Responsibilities for Prime Vendor Deliveries, 9 Nov 95; AFI 41-106; AFMOA/CC memorandum, Food Safety Support for Commissaries, 07 Mar 00

Element EX.1.7.2 (formerly OPS.2.1.2)

Food Facility Sanitation Evaluation and Foodhandler Training

Evaluation Criteria

- Public health's sanitary evaluations addressed:
  - -- Compliance with FDA's Food Code
  - -- Effectiveness of food safety training by assessing knowledge of food safety principles
  - -- Procurement of foods from approved sources
  - -- Food storage practices (including signs of deterioration/damage, adulteration/contamination)
  - -- Effectiveness of self-inspections
  - -- Food security
- Public health provided or approved initial food safety and security training for food service employees
- Public health provided annual food safety training for food service supervisors (covering the epidemiology of foodborne diseases and the impact of food safety on military readiness and community health)
- Flight surgeons (and other medical personnel likely to deploy to fill a sanitary compliance function) conducted, with public health, visits to facilities to support food safety programs
- Public health developed, and annually exercised, foodborne illness investigation plans; exercise scenarios included, as a minimum, public health officers, flight surgeons, independent duty medical technicians and technicians from flight medicine, public health and squadron medical elements
- Coordinated with force protection partners (security forces and facility managers at a minimum) for food security
- Public health coordinated with medical unit, services squadron, and support group commanders, as needed, on the status of the base food safety program (e.g., trend analysis reports, unsatisfactory reports, other food safety items of interest, etc.)

Scoring

4: Criteria met.

3: Minor deficiencies, primarily administrative in nature, were unlikely to result in adverse unit or individual health outcomes.

2: Potentially unsafe or unsanitary food operations may not be identified and corrected which placed the base or deployed community at risk for foodborne illness.

1: Few criteria met. Monitoring procedures were insufficient to ensure food safety. Because unsafe or unsanitary food operations were not being

identified and corrected the base or deployed community was at increased risk for foodborne illness.

0: Because of process dysfunction, unsafe or unsanitary food operations had not been identified and corrected. The base or deployed community was at high risk of a foodborne illness.

NA**:** Not scored.

Protocol Public Health Protocol 1 is the pertinent protocol for this element.

Inspector Contact For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty public health inspector.

Reference(s) Current FDA Food Code; AFPD 48-1; AFI 48-101; AFI 48-116; HQ USAF/SGOP memorandum, Application of FDA Food Code for USAF Sanitation Program, 9 Nov 95 (or most current); AFMOA/CC memorandum, Food Security Guidance, 21 Nov 01

Data Collection Tool The table below lists the information required by inspectors during their document reviews and/or conferences. It may be helpful to utilize this table during self-evaluation efforts.

Sanitation Inspection Review				
Facility Name				
All phases of operation inspected				
Management's self-inspection program evaluated				
Food safety training effectiveness evaluated				
Inspector consistency				
Ratings match findings				

"+" = PRESENT "-" = NOT PRESENT "NA" = NOT APPLICABLE

Element EX.1.7.3 (formerly OPS.2.1.3)

Public Facility Surveillance

Evaluation Criteria

- Contract requirements or housekeeping standard operating procedures incorporated public facility sanitation standards
- Quality assurance evaluators were notified of sanitation problems
- A designated health expert evaluated the effectiveness of sanitation management programs in public facilities
  - -- Inspection ratings were commensurate with findings
  - -- Coordination with commanders occurred when appropriate
- A designated health expert helped ensure that child development center (CDC) and family home daycare (FHDC) personnel had been task-certified to conduct daily and monthly health inspections
- A designated health expert performed an annual, unannounced, comprehensive health inspection of the child development center and participated in a multidisciplinary team that provided a separate annual, unannounced, comprehensive evaluation of fire, safety and health programs at the CDC
- A designated health expert inspected at least 10 percent of FHDC homes annually and worked closely with the FHDC coordinator to ensure health and sanitation requirements were met in the FHDC homes
- Immunization currency for children enrolled in FHDC and CDC programs was routinely assessed and the coordinator was notified of the results
- A designated health expert inspected commercial lodging facilities when initially considered for use and upon request by lodging in response to complaints from guests or health discrepancies found during lodging and contracting annual visits

Scoring

4: Criteria met.

3: Minor deficiencies, primarily administrative in nature, were unlikely to result in adverse population or individual health outcomes.

2: The base community may have been at risk for unhealthy environmental conditions and disease transmission in public facilities.

1: The base community was at moderate risk for unhealthy environmental conditions and disease transmission in base public facilities.

0: Compliance with basic program requirements was not evident. There was a likelihood that unrecognized unhealthful environmental conditions and disease transmission in base public facilities existed.

NA**:** Not scored.

Protocol Public Health Protocol 1 is the pertinent protocol for this element.

Inspector Contact For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty public health inspector.

Reference(s) AFPD 48-1; AFI 34-248; AFI 48-101; AFI 48-110; AFI 48-117; AFI 34-276; AFMOA/CC memorandum, Clarification of Pediatric Immunization Policy and Family Member Immunization Schedule, 4 Sep 01; The Military Child Care Act of 1989

Data Collection Tool The inspectors use the tables below during their public facility inspection report review. It may be helpful to utilize these extraction tools during self-evaluation efforts.

	# Children Enrolled	Sample Size	% Current on all Vaccines
Child Dev Center			
Home Daycare			
Column Total			

Overdue Vaccinations Tally Sheet						
	HepB	**DTP**	**Hib**	**Polio**	**MMR**	**Varicella**
Child Dev Center						
Home Daycare						
Total						

Element EX.1.7.4 (formerly OPS.2.2.1)

Management of Animal Bites

Evaluation Criteria

- Providers, public health personnel, security forces, initial/follow-up treatment personnel, local animal control officials and the US Army veterinarian worked in concert to manage the rabies control program
- Program elements followed Air Force established policies for surveillance, prevention, control, treatment and reporting; these topics were briefed to the professional staff
- Documentation of initial medical management included:
  - -- All sections of the DD Form 2341 properly completed
  - -- Assessment of immunocompetence and need for antibiotic use due to increased risk of infection
- For moderate/high risk cases:
  - -- Rabies prophylaxis treatment and follow-up was IAW Centers for Disease Control/AF guidelines
  - -- Implicated animals were appropriately quarantined or tested
  - -- Rabies immune globulin and vaccine were readily available; stock level was commensurate with historical use and regional rabies prevalence
  - -- Continuity and standard of care was clearly discernible in the medical record
- Medical management followed accepted standards of care
- Case reporting occurred IAW regulatory requirements

Scoring

4: Criteria met.

3: Minor deficiencies, primarily administrative in nature, were unlikely to result in adverse population or individual health outcomes.

2: Some but not all criteria met. Patients may have been placed at risk of inadequate treatment or follow-up.

1: Few criteria met. There was a moderate risk for adverse patient outcomes due to inadequate treatment or follow-up.

0: There was noncompliance with multiple evaluation criteria and/or compliance with basic program requirements was not evident. Standard of care was not being met. There was a high potential for adverse patient outcomes due to inadequate treatment or follow-up.

NA**:** Not scored.

Protocol	Public Health Protocol 2 is the pertinent protocol for this element.
Inspector Contact	For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty public health inspector.
Reference(s)	AFPD 48-1; AFI 48-101; Control of Communicable Diseases Manual, 17th edition, 2000 (or most current); AFJI 48-131 (AR 40-905); Most current CDC Rabies Compendium
Data Collection Tool	The table below contains the information used by inspectors during their animal bite record reviews. This table may be useful for self-evaluation.

Animal Bite Record Review			
Record ID (initials/last 4)			
Wound cleaned and flushed			
Tetanus status documented			
Immunocompetence assessed and documented			
Animal quarantined or tested			
Rabies risk assessed			
RAB evaluated case appropriately			
RIG/vaccine Rx IAW guidelines			

"+" = PRESENT "-" = NOT PRESENT "NA" = NOT APPLICABLE
Provide dates where applicable

Element EX.1.7.5 (formerly OPS.2.2.2)

Medical Entomology

Evaluation Criteria

- International military quarantine:
  - -- Public health officer served as consultant for quarantine inspection programs for bases known to accept international flights as port of entry
  - -- Public health had demonstrable working relationships with security forces squadron, transient alert, air traffic operations center and others involved with international flight arrival and departure
- Vector and medical pest surveillance:
  - -- Public health correlated surveillance data with local disease incidence and outbreak potential
  - -- Public health engaged in ongoing vector and medical pest surveillance and analysis training
  - -- Public health maintained liaison with local, state, federal and/or foreign health authorities
  - -- Public health integrated installation surveillance data with local programs whenever possible
  - -- Health care providers received vector-borne disease prevention and control information
- Public health recommended control measures to the base civil engineer (BCE) when vectors or medical pests posed a health threat, interfered with duty performance or caused a morale problem
- Public health assessed the effectiveness of integrated pest management (IPM) in food service and public facilities

Scoring

4: Criteria met.

3: Minor deficiencies, primarily administrative in nature, were unlikely to result in adverse population or individual health outcomes.

2: Some but not all criteria met. The base community may have been placed at risk for vector-borne diseases.

1: There was minimal compliance with one or more evaluation criteria. There was the potential for adverse health outcomes in the base community due to increased exposure to disease vectors.

0: There was noncompliance with multiple evaluation criteria and/or compliance with basic program requirements was not evident. There was a high potential for adverse health outcomes in the base community due to increased exposure to disease vectors, or adverse outcomes were known to have occurred.

	NA**:** Not scored.
Protocol	Public Health Protocol 2 is the pertinent protocol for this element.
Inspector Contact	For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty public health inspector.
Reference(s)	AFPD 48-1; AFI 24-404; AFI 32-1053; AFI 48-101; AFI 48-102; AFI 48-116; AFI 48-117; AFI 48-104 (AR 40-12)

Element EX.1.7.6 (formerly OPS.2.2.3)

Prevention and Control of Sexually Transmitted Diseases (STD)

Evaluation Criteria

- STD control program elements followed Air Force established policies and current Centers for Disease Control (CDC) recommendations for disease detection, surveillance, prevention, control, treatment, contact identification, appropriate follow-up and reporting
- STD patients were referred by providers or detected by public health (ideally, referral should occur the same day as presumptive diagnosis and treatment)
- STD patients were initially serologically screened for syphilis and HIV infection (ideally, these initial screenings should be ordered the same day as presumptive diagnosis and treatment)
  -- In addition, pregnant patients were tested for hepatitis B infection
- Patients who are not treated with antibiotics that cure incubating syphilis get a 90-day serology (RPR/VDRL) follow-up
- Household and sexual contacts of a hepatitis B virus carrier/acute patient were serologically tested for hepatitis B and appropriately vaccinated
- For STD patients, a follow-up HIV serology test was performed at 3 months
- All authorized beneficiaries testing HIV positive were counseled by a physician (transmission, precautions, risks)
  -- Active duty personnel testing HIV positive were administered the preventive medicine order
- Sexual contacts of patients with STDs were referred for medical care (testing and treatment), counseling and further contact tracing if test results were positive
- Patients with STDs or risky behaviors received prevention counseling (e.g., Hep B vaccination, condom use, etc.)
- STDs and contact information were reported according to state and AF guidelines
- Continuity and standard of care were clearly discernible in the medical record including laboratory results of STD tests

Scoring

4: Criteria met.

3: Minor deficiencies were primarily related to inadequate documentation as opposed to failed processes. Adverse unit or individual health outcomes are not anticipated.

2: Some but not all criteria met. Patients or contacts may have been placed at risk for inadequate initial evaluation, treatment, referral, contact tracing, education, or follow-up.

1: Few criteria were met resulting in a moderate risk for adverse patient outcomes due to inadequate initial evaluation, treatment, referral, contact tracing or follow-up.

0: There was noncompliance with multiple evaluation criteria and/or compliance with basic program requirements was not evident. Standard of care was not being met. There was a high potential for adverse patient outcomes due to inadequate initial evaluation, treatment, referral, contact tracing or follow-up, or adverse outcomes were known to have occurred.

NA**:** Not scored.

Protocol Public Health Protocol 2 is the pertinent protocol for this element.

Inspector Contact For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty public health inspector.

Reference(s) AFPD 48-1; AFI 48-101; AFI 48-106; AFI 48-135; AFMOA/SGOP memorandum, USAF Public Health Surveillance for Reportable Diseases and Conditions, 1 Feb 96; Sexually Transmitted Diseases Treatment Guidelines 2002, MMWR Vol. 51/No. RR 6, 10 May 02

Data Collection Tool The table below extracts the information used by inspectors during their sexually transmitted disease record reviews. It may be helpful to utilize this table during self-evaluation efforts.

Sexually Transmitted Disease Record Review					
Record ID Initials/Last 4					
Evaluated IAW CDC/AF Guidelines					
Date seen by HCP					
Initial lab work ordered by HCP (list all)					
Final (lab confirmed) Dx/Date					
Initial Dx/Date					
Treatment IAW CDC/AF Guidelines					
Initial Rx/Date					
Date referred to PH					
Date seen by PH					
Initial lab work ordered by PH if not by HCP					
All lab reports or results transcribed in medical record					
Contact investigation evident					
Time covered by contact interview					
Offered Hep B vaccine					
Accepted/declined Hep B vaccine					
Follow-up IAW CDC/AF Guidelines					
List follow-up labs/dates to be done					
Case reported IAW guidelines					

+" = PRESENT "-" = NOT PRESENT "NA" = NOT APPLICABLE

Element EX.1.7.7 (formerly OPS.2.2.4)

Tuberculosis Detection and Control Program

Evaluation Criteria

- Program elements followed Air Force established policies for surveillance, prevention, control, treatment and reporting
- Two-step skin testing was considered for defined populations (e.g., the initial skin test of adults who will be tested periodically in the future)
- All military, Air Force civilian employees and their dependents reassigned from an overseas base were tested for tuberculosis
- Active tuberculosis risk classification distinguished categories according to latest AF guidelines
- Tuberculosis skin test evaluation compliance (# placed vs. # read) was assessed
- Epidemiological investigations of squadron or workplace tuberculosis skin test conversion clusters are documented
  -- Treatment and monitoring of LTBIs were IAW AF and CDC guidelines
- Public health conducted baseline histories for positive skin tests
- Treatment and follow-up of uncomplicated post-exposure prophylaxis, adverse drug reactions, active disease or incidental findings were evaluated by questionnaire or provider monthly visit, and complied with accepted standards of care
- For active TB cases household and close contacts were tested; children/adolescents were started on isoniazid hydrochloride (INH) therapy, retested at three months, and followed-up; adult contacts with negative skin tests were retested at three months and started on INH if they converted
- Public health notified the appropriate (military or civilian) public health authorities when patients requiring follow-up PCS or separate
- Continuity and standard of care was clearly discernible in the medical record
- Case reporting occurred IAW regulatory requirements

Scoring

4: Criteria met.

3: Minor deficiencies, primarily administrative in nature, were unlikely to result in adverse population or individual health outcomes.

2: Patients or contacts may have been placed at risk for inadequate initial evaluation, treatment, referral, education or follow-up.

1: There was minimal compliance with one or more evaluation criteria. There was a moderate risk for adverse patient outcomes due to inadequate initial evaluation, treatment, referral, education or follow-up.

0: There was noncompliance with multiple evaluation criteria and/or compliance with basic program requirements was not evident. Standard of care was not being met. There was a high potential for adverse patient outcomes due to inadequate initial evaluation, treatment, referral, education or follow-up.

NA**:** Not scored.

Protocol

Public Health Protocol 2 is the pertinent protocol for this element.

Inspector Contact

For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty public health inspector.

Reference(s)

AFPD 48-1; AFI 48-101; AFI 48-115; AFMOA/SGOP memorandum, USAF Public Health Surveillance for Reportable Diseases and Conditions, 1 Feb 96; Essential Components of a Tuberculosis Prevention and Control Program/ Screening for Tuberculosis and Tuberculosis Infection in High-Risk Populations, MMWR Vol. 44/No. RR-11, 8 Sep 95; Core Curriculum on Tuberculosis, 4th edition, 2000; Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection, MMWR Vol. 49/No. RR-6, 9 Jun 00

Data Collection Tool The table below contains the information used by inspectors during their tuberculosis prevention and control record reviews. It may be helpful to utilize this table during self-evaluation efforts.

Tuberculosis Detection and Control Record Review			
RECORD I.D. (INITIALS/LAST 4)			
Date positive TST			
Date baseline Hx by PH			
Date initial eval by HCP			
CXR, HIV-risk eval, baseline AST			
Date started INH			
Monthly f/u; amount of INH given			
Closeout date			
Monthly provider visit			
DD Form 2453 complete			
Form 1480(A) annotated with (+) TST and meds			

Please extract data from the tracking log for the past 12-24 months.		**Average days from positive TST to INH start**
All positive skin tests		
# Not placed on INH		Rationale
Number TST placed		[redacted]
AD:	Dep:	
Number TST read		
AD:	Dep:	
TST % Positive		
AD:	Dep:	

"+" = PRESENT "-" = NOT PRESENT "NA" = NOT APPLICABLE
Provide dates where available

Element EX.1.7.8 (formerly OPS.2.2.5)

Epidemiology and Control of Communicable Diseases

Evaluation Criteria

- Public health monitored daily incidence of key syndromes associated with biological and chemical agents
- Procedures were established to collect, review, and report communicable disease (CD) morbidity data, including:
  - -- Air Force Reportable Event Surveillance System (AFRESS) reports were transmitted electronically to AF Institute for Environment, Safety and Occupational Health Risk Analysis (AFIERA) at least monthly (see https://www.afchips.brooks.af.mil/main.htm)
  - -- Prevention Committee or equivalent review of public health surveillance programs linked surveillance with management decisions
  - -- Public health regularly reviewed laboratory test results to ensure timely identification and investigation of reportable communicable diseases
  - -- Medical providers notified public health of reportable diseases (IAW AF directives and local, state, federal or international requirements) and any incidence of highly unusual communicable or parasitic diseases/conditions
- Collected data was used in establishing local CD morbidity baselines, identifying CD trends, and proposing CD intervention strategies
- Public health informed the medical unit commander, health care providers and beneficiaries concerning the prevalence/incidence, modes of transmission and control measures for communicable diseases
- Admission and isolation policies existed to prevent spread of disease from contagious patients to the community, the medical staff, and other patients
- Influenza sentinel installations followed recommendations for surveillance and reporting

Scoring

4: Criteria met.

3: Minor deficiencies, primarily administrative in nature, were unlikely to result in adverse population or individual health outcomes.

2: Patients may have been at risk of contracting communicable diseases, or public health may have been unaware of potential disease threats.

1: Epidemiological data to track disease trends was inadequate and potentially placed patients at moderate risk of contracting communicable diseases, or public health was likely unaware of potential disease threats.

0: There was noncompliance with multiple evaluation criteria and/or compliance with basic program requirements was not evident.

Epidemiological data to track disease trends was not maintained which potentially placed patients at a high risk of contracting communicable disease, or public health was unaware of potential disease threats.

NA**:** Not scored.

Protocol

Public Health Protocol 2 is the pertinent protocol for this element.

Inspector Contact

For assistance interpreting this element, please call DSN 246-1771/2566 and request an Active Duty public health inspector.

Reference(s)

AFPAM 44-155; AFPD 48-1; AFI 44-102; AFI 48-101; AFI 48-109; AFMOA/SGOP memorandum, USAF Public Health Surveillance for Reportable Diseases and Conditions, 1 Feb 96; HQ USAF/SG memorandum, Automated Documentation of Child and Adult Immunizations, 25 Jul 00; Year 2000 USAF Dental Infection Control Guidelines; AFMOA/SGZP memorandum, Public Health Mission Prioritization, 17 Apr 01; AFMOA/CC memorandum, Enhanced Surveillance of Disease Patterns Associated with Biological and Chemical Agents, 1 Nov 01; AFI 47-101

Data Collection Tool The table below contains the information used by inspectors during their tuberculosis prevention and control record reviews. It may be helpful to utilize this table during self-evaluation efforts.

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RECORD I.D. (INITIALS/LAST 4)			
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Date baseline Hx by PH			
Date initial eval by HCP			
CXR, HIV-risk eval, baseline AST			
Date started INH			
Monthly f/u; amount of INH given			
Closeout date			
Monthly provider visit			
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Form 1480(A) annotated with (+) TST and meds			

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TST % Positive		
AD:	Dep:	

"+" = PRESENT "-" = NOT PRESENT "NA" = NOT APPLICABLE
Provide dates where available